

THESIS FOR M. D. (EDIN.)

An investigation into the incidence of physical defects in mentally abnormal children, with some observations on certain other conditions relative to mental abnormality in childhood,

by

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INTRODUCTION.

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INTRODUCTION.

I.

a. Aims and Scope.

In course of the work of an assistant school medical officer, a frequent duty is to examine and report on the mentality and capabilities of boys and girls of school age. Early in such examinations, the impression was received, that physical defects in such children greatly outnumbered those found in school children of non-exceptional type. Interest being felt in the subject, it was decided to examine a certain number of cases with a view to determining the incidence of physical defects in mentally abnormal children. The examination of each child fell under two headings :-

- (i) Mental.
- (ii) Physical.

Under the heading "Mental", the following three factors were ascertained:

- 1. The intelligence quotient.
- 2. The personal and social qualities.
- 3. The temperamental conditions.

Under the heading "Physical", four sub-divisions were adopted.

- 1. Particulars of home conditions.
- 2. Family history.
- 3. Personal history.
- 4. Examination of physical condition.

The number of cases so examined for the purpose of this thesis was 112. 51 of the cases were examined in the capacity of Assistant School Medical Officer at South Shields, the remaining 61 cases, in a similar capacity at Dewsbury. The two districts from which cases have been drawn are similar in many ways. They are both essentially industrial - coal mining being one main industry common to both, whilst the housing question is at present equally unsatisfactory in both areas.

During the time which has necessarily elapsed before the cases which form this thesis could be collected and analysed, several thousand school children have been examined at Routine Medical Inspections. Such routine examinations have been used wherever possible, as controls, so that comparison with normal children might readily be made.

b. Importance of the subject.

The brain depends for its perfect functioning on a perfect physical bodily state. Any general ailment may be expected to lessen the chance of the brain of functioning properly. Similarly any defect of the special senses may be expected to do likewise. If it be found that physical defects occur very frequently in mentally abnormal children, it would appear to be of first importance that every school child not making satisfactory progress should be subjected to an exhaustive physical examination at the earliest opportunity. Too often comparatively

simple physical defects account for a considerable degree of mental retardation. Often these defects remain undiscovered until such time as the lost ground is too excessive to be made up in the school life of the child, even if the defects be then corrected.

c. Difficulties and Complications.

The individual examination of patients varied somewhat in duration of time, and sometimes it was found impracticable to conclude an examination at one visit. At times difficulty was experienced in getting the parents to bring their children for re-examination, and on rare occasions the parents refused to have the examination completed. When parents failed to keep appointments at the times set apart for re-examinations, loss of time was caused, as it was customary to allow and set aside a considerable period for each case.

On rare occasions it was found necessary to spend much time in preliminaries. The patients varied in their attitude towards the examiner, and it was useless to start an examination until the confidence of the child had been gained.

On several occasions minor difficulties were encountered in taking histories, both family and personal, - these being in each case taken from the parent, - on account of the fact that the recollection of parents varied, some being very defective. In such cases it was necessary to arrange for the attendance of the other parent, or another relative with a more efficient memory.

II.

METHOD OF EXAMINATION.

a. The procedure adopted at the examination of each child was as follows. The first five minutes were devoted to setting the child at his ease, by discussing such subjects as the weather, sports and games, any outstanding current event, etc. The name, address, age and school were next obtained. As soon as it was felt that the confidence of the child had been gained, the next thirty or forty minutes were devoted to the giving of intelligence tests with a view to the discovery of the mental age of the child. The tests used were those advised by Terman,¹ viz., the "Stanford Revision of the Binet-Simon Tests", as set out below.

Year III.

1. Pointing to parts of the body. The child is asked to point, in turn, to his nose, eyes, mouth and hair. To pass, three responses out of four must be correct.
2. Naming familiar objects. The following objects are shown to the child, and he is asked to name them in turn :-

Key....Penny....Closed Knife....Watch....Pencil.

To pass, there must be at least three correct responses out of five.

3. Enumeration of objects in pictures. Three pictures are shown to the child. They represent :-

- (a) A Dutch Home (interior).
- (b) A Canoe moving down rapids.
- (c) Group of Country people outside a Post Office.

The child is asked to tell the examiner all that he sees in the pictures, and to pass, he must name at least three objects in one picture.

4. Giving sex. If the child is a boy he is asked, "Are you a little boy or a little girl"? If the child is a girl she is asked, "Are you a little girl or a little boy"? To pass the child must give a direct answer, i.e. "A little boy", or, "A little girl", as the case may be.

5. Giving surname. The child is asked, "What is your name"? If he answers with his christian name as frequently happens, e.g., George, then the examiner asks "George what"? To pass, the child must then give the surname correctly.

6. Repeating six to seven syllables. Three sentences are read over, in turn, to the child and he is asked to repeat them. Each sentence contains six or seven syllables and to pass the child must repeat at least one of the sentences correctly.

The sentences used in this test are :-

- (a) I have a little dog.
- (b) The dog runs after the cat.
- (c) In summer the sun is hot.

Year IV.

1. Comparison of lines. The child is shown two horizontal lines of unequal length, and is asked which of the lines is the longer. Similarly two other sets of lines are shown to the child and similar questions asked. To pass, the child must make all three comparisons correctly.

2. Discrimination of forms. The child is shown a form, e.g., a circle, and is asked to pick out from a card on which several forms are marked a form similar to the one shown to him. In all ten forms are shown to the child in turn, and to pass he must make seven out of ten correct choices from the card.

3. Counting four pennies. Four pennies are put out in a row in front of the child. He is then asked to count them, pointing in turn to each one with his finger. The test is passed if the counting tallies with the pointing.

4. Copying a square. The child is shown a square drawn on a card. He is then given a pencil and asked to draw a similar object. To pass, the child must produce a recognisable square in not more than three attempts.

5. Comprehension, first degree. The child is asked the following simple questions.

"What must you do:

- (a) "When you are sleepy?"
- (b) "When you are cold?"
- (c) "When you are hungry?"

To pass, there must be two correct responses out of the three.

6. Repeating four digits. Three groups of digits are read to the child and he is asked to repeat them. Each group is read at the rate of one digit per second. The groups used are 4 - 7 - 3 - 9....2 - 8 - 5 - 4... 7 - 2 - 6 - 1. To pass, after a single reading, one series out of the three must be repeated correctly.

Year V.

1. Comparison of Weights. Two blocks indential in appearance but different in weight are used (one weighs 3 grams, the other 15 grams). They are laid on the table and the child is asked to tell by lifting them which is the heavier. The test is done 3 times, and to pass the child must tell correctly the heavier weight on at least 2 of the 3 occasions.

2. Naming colour (no error allowable).

Red....Yellow....Blue....Green....

3. Aesthetic comparison. Three pairs of faces are used. The child is asked which of the first pair is the prettier - similarly with the second pair, and third pair. No error is allowable.

4. Giving definitions in terms of use. The child is, in turn, asked "What is a:

- | | |
|------------|-------------|
| (a) "Chair | (d) "Doll |
| (b) "Horse | (e) "Pencil |
| (c) "Fork | (f) "Table" |

To pass 4 definitions out of 6 must be correct.

5. The divided rectangle test. Two rectangular cards are taken - one is divided into two triangles by cutting along one diagonal. The two triangles are placed with their hypotenuses turned from each other, and the child is asked to put them together to form a figure similar to the undivided rectangle. Three trials are given, and, to pass, two out of the three attempts must end successfully.

6. Three commissions. These must be performed in the correct order - no error is allowable. The child is asked to

Put a key on the table...Bring a box...Shut the door.

Year VI.

1. Distinguishing right and left. The child is asked to point to his or her :- Right hand.... Left ear.....Right eye.

To pass, three questions must be answered correctly, or, in the case of one error, if three additional questions are all answered correctly.

2. Finding omissions in pictures. The child is shown four pictures - 3 of faces and 1 of face and body. A feature is left out of each face in turn - the eye - the mouth - the nose, and in the case of the last picture the arms are missing. The child is shown the pictures one at a time and asked what has been left out. To pass, the child must point out the omission in three out of four of the pictures.

3. Counting 13 pennies. Two trials if necessary are given, and, to pass, one must be without error.

4. Comprehension, second degree :- The child is asked three questions - "What's the thing to do:

- (a) "If it is raining when you start to School?"
- (b) "If you find that your house is on fire?"
- (c) "If you are going somewhere and you miss your bus?"

Two problems out of three must be answered correctly to pass.

5. Naming four coins. The coins are shown in the following order :-

Threepenny-bit....Penny....Shilling....Sixpence...

The test is passed if three or more coins are recognised and correctly named.

6. Repeating sixteen to eighteen syllables.

The sentences used in this test are :-

- (a) "We are having a fine time. We found a little mouse in the trap".
- (b) "Walter had a fine time on his holiday. He went fishing every day".
- (c) "We will go out for a long walk. Please give me my pretty straw hat".

The sentences are read over to the child and he is asked to repeat them exactly. The test is passed if at least one sentence out of three is repeated without error, or if two are repeated with not more than one error in each.

Year VII.

1. Giving the number of fingers. The child is asked three questions :-

- (a) "How many fingers have you on one hand?"
- (b) "How many fingers have you on the other?"
- (c) "How many on both hands together?"

Each question must be answered correctly to pass.

2. Description of pictures. The same pictures are used as in Test 3 Year III.

- (a) Dutch Home.
- (b) Canoe.
- (c) Post Office.

To pass, the pictures must be described accurately.

3. Repeating 5 digits. The digits are read out at the rate of one per second. Three groups of five digits are read out, viz., 3 - 1 - 7 - 5 - 9.....

4 - 2 - 8 - 3 - 5.....9 - 8 - 1 - 7 - 6. To pass, the child must repeat correctly at least one of the three groups.

4. Tying a bow-knot. The child is shown a shoelace tied in a bow-knot around a stick. He is then asked

to tie a similar knot around the examiner's finger. The time allowed is one minute. If a "single" bow knot is tied, half credit is given.

5. Giving differences from memory. The child is asked:

"What is the difference between:

- (a) A fly and a butterfly?
- (b) A stone and an egg?
- (c) Wood and glass?"

The test is passed if a real difference is given in two out of three comparisons.

6. Copying a diamond. The child is shown a card with a diamond drawn on it (long diagonal 3", short diagonal $1\frac{1}{2}$ "). The child is given pen and paper and asked to copy the diamond.

Three chances are given, and at least two of the attempts must be as good as those marked satisfactory on the standard score card.

Year VIII.

1. The ball and field test. A circle is drawn, with a diameter of about $2\frac{1}{2}$ ", and a small gap is left on the side of the circle nearest to the child. The child is told to imagine that the circle represents a field, and the gap represents the gate in the field. He is asked to imagine that he has lost a ball in the field, not knowing from what direction or with what force the ball came. He is given a pencil and asked to show the examiner the path he would choose in hunting for the ball so as to be sure not to miss it.

To pass the child's plan must be equal to one of those on the standard score card for Year VIII.

2. Counting backwards from 20 to 1. The child is asked to count backwards from 20 to 1. The test is passed if the child counts from 20 to 1 in not over 40 seconds, and with not more than a single error either of omission or transposition.

3. Comprehension, third degree. The child is asked the following 3 questions :-

- (a) "What is the thing for you to do when you have broken something which belongs to some one else?"
- (b) "What is the thing for you to do when you notice on your way to school that you are in danger of being late?"
- (c) "What is the thing for you to do if a playmate hits you without meaning to do it?"

To pass at least two of the three questions must be answered satisfactorily.

4. Giving similarities: two things: the child is asked :-

"In what way are -

- (a) "Wood and coal alike?"
- (b) "An apple and a peach alike?"
- (c) "Iron and silver alike?"
- (d) "A ship and a motor-car alike?"

The test is passed if a likeness is given in two or more out of the four comparisons.

5. Giving definitions superior to use. The test words used are :-

- (a) Balloon.
- (b) Tiger.
- (c) Football.
- (d) Soldier.

The child is asked "What is a balloon?" etc. The test is passed if two or more of the four words are defined in terms superior to use. Such definitions may :-

- (i) describe the object or tell something of its nature.
- (ii) give the substance or the materials or parts composing it.
- (iii) tell to what class the object belongs, or what relation it bears to other classes of objects.

6. Vocabulary: twenty definitions: the child is asked in series the meaning of the words given in Terman's record booklet: to pass at this age level twenty correct definitions must be given.

Year IX.

1. Giving the date. The child is asked the following questions in order :-

- (a) "What day of the week is it to-day?"
- (b) "What month is it?"
- (c) "What day of the month is it?"
- (d) "What year is it?"

To pass (a), (b) and (d) must be given absolutely correctly; an error of three days either way is allowed in the case of (c).

2. Arranging five weights. Five blocks identical in appearance but differing in weight are used for this test. The blocks weigh 3, 6, 9, 12 and 15 grams respectively. The child is shown the weights and told that they are all different. He is then told to feel them and arrange them in their proper order, the heaviest at one end, and the lightest at the other.

To pass, the child must arrange the blocks in their correct order at least twice out of three trials.

3. Making change. The following three questions are asked :-

- (a) "If I were to buy 4 pence worth of sweets and should give the shop-keeper 10 pence, how much money would I get back?".
- (b) "If I bought 12 pence worth, and gave the shop-keeper 15 pence, how much would I get back?".
- (c) "If I bought 4 pence worth and gave the shop-keeper 25 pence, how much would I get back?".

The test is passed if two out of three problems are answered correctly - (response to be made within 15 seconds).

4. Repeating four digits reversed. The groups of digits used for this test are as follows :-

6 - 5 - 2 - 8....4 - 9 - 3 - 7....8 - 6 - 2 - 9.

The groups of digits are read out in turn to the child at the rate of one digit per minute. The child is then asked to say each group in reverse order. To pass, at least one of the three groups must be repeated correctly in reverse order.

5. Using three words in a sentence. The child is asked to make a sentence containing the words

- (a) Boy, river, ball.

Similarly, the child is asked to make sentences using the following two groups of three words.

- (b) Work, money, men.
- (c) Desert, rivers, lakes.

The test is passed if at least two of the three sentences are satisfactory.

6. Finding rhymes. The words used in this test are :-

- (a) Day.
- (b) Mill.
- (c) Spring.

The child is asked to find three words to rhyme with each of the above three. The process is illustrated by - hat.....cat.....rat.....bat.

The test is passed, if, in at least two out of the three parts of the experiment, the child finds three words which rhyme with the word given, the time limit for each series being one minute.

Year X.

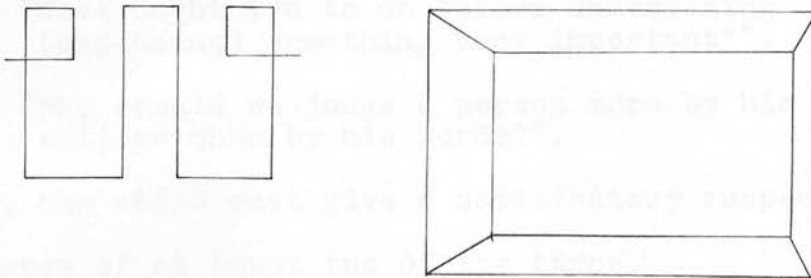
1. Vocabulary (thirty definitions). The procedure and scoring are as in Test 6 Year VIII, but at Year X thirty words must be correctly defined to pass.

2. Detecting absurdities. The following five sentences are read, in turn, to the child. He is asked to point out what is foolish in each of them.

- (a) "A man said: 'I know a road from my house to the town which is down-hill all the way to the town, and down-hill all the way back home'".
- (b) "An engine-driver said that the more carriages he had on his train the faster he could go".
- (c) "Yesterday the police found the body of a girl cut into 18 pieces. They believe that she killed herself".
- (d) "There was a railway accident yesterday, but it was not very serious. Only 48 people were killed".
- (e) "A bicycle rider, being thrown from his bicycle in an accident, struck his head against a stone and was instantly killed. They picked him up and carried him to the hospital, and they do not think he will get well again".

To pass, the child must point out the absurdity present in at least 4 of the above 5 sentences.

3. Drawing designs from memory. The following designs are shown to the child. The designs are exposed for 10 seconds, and to pass, the child must draw one of the designs correctly, and one half correct.



4. Reading and report. The child is asked to read the following selection :-

Manchester,/September 5th/ - A fire/ last night/
burned/ three houses/ near the centre/ of the city./
It took some time/ to put it out./ The loss/ was five
thousand pounds/, and seventeen families/ lost their
homes./ In saving/ a girl/ who was asleep/ in bed/
a fireman/ was burned/ on the hands.

The child is then asked to tell the examiner what he has been reading about. To pass, the child must read the selection within 35 seconds, and with not more than 2 mistakes in reading. He must also mention at least 8 items ("memories") in his report. The above passage is divided into "memories" by the oblique lines for convenience in scoring. The oblique strokes are not present in the copy which is handed to the child to read.

5. Comprehension, fourth degree.

The following three questions are, in turn, put to the child :-

- (a) "What ought you to say when some one asks your opinion about a person you don't know very well?"
- (b) "What ought you to do before undertaking (beginning) something very important?"
- (c) "Why should we judge a person more by his actions than by his words?"

To pass, the child must give a satisfactory response in the case of at least two of the three.

6. Naming sixty words. The child is told that the examiner wishes to find out how many words he (the child) can name in three minutes. It is explained that any words will do, and as illustrations "clouds", "dog", "chair", "happy" are given.

To pass, the child must name 60 or more words in the three minutes.

Year XII.

1. Vocabulary (forty definitions). The procedure in this test is as in the previous vocabulary tests - see Test 6 Year VIII. In this case forty words must be defined to pass.

2. Defining abstract words. The child is asked to define the following words.

- (a) Pity.
- (b) Revenge.
- (c) Charity.
- (d) Envy.
- (e) Justice.

To pass, the child must give a correct definition in the case of not less than three out of the five words.

3. The ball-and-field test. The procedure is the same as in Test 1 Year VIII. To pass at this age the child must produce a superior plan.

4. Dissected sentences. The following disarranged sentences are used.

(a) FOR THE STARTED AN WE COUNTRY EARLY AT HOUR.

(b) TO ASKED PAPER MY TEACHER CORRECT I MY.

(c) A DEFENDS DOG GOOD HIS BRAVELY MASTER.

The groups of words are shown to the child separately. It is explained that the words in each group have been disarranged and the child is asked to put them into their proper order, so that they make sense.

To pass, two sentences out of the three must be correctly given within the minute allotted to each.

5. Interpretation of fables. The fables used in this test are :-

(a) Hercules and the wagoner.

(b) Maid and eggs.

(c) Fox and crow.

(d) Farmer and stork.

(e) Miller, son and donkey.

The fables are read in turn to the child and he is asked to state the lesson which each one teaches.

To pass the child must give two correct responses or the equivalent in half credits.

6. Repeating five digits reversed. The series are:-

3 - 1 - 8 - 7 - 9....6 - 9 - 4 - 8 - 2....5 - 2 - 9 -

6 - 1. The procedure is the same as in Test 4 Year IX.

To pass one or more groups must be repeated correctly in reverse order.

7. Interpretation of pictures. The same pictures are used as in Test 1 Year III and Test 2 Year VII, with the addition of a fourth (Colonial Home). To pass at this age standard, three or more of the pictures must be correctly interpreted.
8. Giving similarities, three things. The procedure is the same as in Test 4 Year VIII, but with the following words :-

- (a) Snake, cow, sparrow.
- (b) Book, teacher, newspaper.
- (c) Wool, cotton, leather.
- (d) Knife-blade, penny, piece of wire.
- (e) Rose, potato, tree.

To pass, three satisfactory responses out of five are necessary.

Brief outline of method and scope of using the tests.

The testing of mental capacity was begun by giving the subject the test pictures to examine (i.e., those used in test 3 Year III, test 2 Year VII, and test 7 Year XII). From the results of this one test, a rough idea of about where the mental age would fall was got in most cases. The child was then subjected to not less than four of the tests of this year group, and on the results of these tests further investigation was carried out. If the child failed with these tests, he was tried with the easier ones of the year before, and so on until an age group was found when all the tests were passed. If, however, the child passed these tests, he was tried with the harder ones of the succeeding years, until a year group was found in which he failed with the tests. In each case the child

was tested back until a year group was found in which he could pass all the tests, and, further, he was tested forwards until a year group was found in which he failed in all the tests.

Finding the Mental Age.

The mental age was found in each case as follows. In the year when the child passed all the tests he was credited with 1 year of mental age. Then he was credited with all the years below this age. Where some of the tests were passed in a year group, and others not passed, the child was credited, in months, with the fraction got by dividing the number of tests passed by the number of tests given. This is best illustrated by an example. Let us suppose that a child passed all the tests in Year VII, 4 tests out of 6 in Year VIII, 2 tests out of 4 in Year IX, 1 out of 4 in Year X. The total credit earned would be as follows :-

	Years.	Months.
Credit presupposed, Years I to VI	6	
Credit earned in Year VII 6 tests passed, 2 months each	1	
Credit earned in Year VIII 4 tests passed, 2 months each		8
Credit earned in Year IX 2 tests passed, 3 months each		6
Credit earned in Year X 1 test passed, 3 months each		3
	<hr/>	<hr/>
	8	5
	=====	=====

The mental age would thus be 8 years and 5 months.

It should be noted that if 6 tests are given for a year group, each is counted as worth 2 months. If 5 tests are given for a year, each is counted as worth 2.4 months. If 4 tests are given for a year, each is counted as worth 3 months.

Finding the Intelligence Quotient (or Mental Ratio).

After the mental age had been found, the next procedure was to find the intelligence quotient which was done by means of the following formula :-

$$\frac{\text{Mental Age}}{\text{Actual Age}} \times \frac{100}{1}$$

When this had been done, the child was classified as either feeble-minded or dull and backward. The dividing line taken was 70%. A child with an intelligence quotient of over 50% and under 70% was classed as feeble-minded. A child with an intelligence quotient of 70% or over and under 95% was classed as dull and backward.

Personal and Social Qualities.

The examination of the child continued with an investigation into the personal and social qualities of the child. The parent was brought in at this stage and questioned when necessary, and notes were made under the following headings :-

1. Appearance (facial expression).
2. General bearing and deportment.
3. Capacity for self care and self protection.
4. Plays with children own age or younger?
5. Any special aptitudes.

Temperamental Conditions.

An investigation into the temperamental conditions of the child followed next in order. Any manifestations of abnormalities of the following conditions were noted.

1. Affection.
2. Temper.
3. Fear.
4. Destructiveness.
5. Spitefulness.
6. Acquisitiveness.
7. Docility.
8. Curiosity.
9. Aggressiveness.
10. Sullenness.
11. Excitability.
12. Solitariness.
13. Wandering.

This concluded the examination of the child from the mental point of view.

PHYSICAL EXAMINATION.

Home conditions.

In contrast to the mental side of the picture, the next part of the examination of each child had to do with his physical condition. In the first place, home conditions, were investigated. The investigation was carried out under two headings:-

1. Poverty.
2. Overcrowding.

The standard of poverty taken was a total income of less than ten shillings per week per member of the family.

The standard of overcrowding was taken as more than 4 persons per sleeping apartment.

The homes were divided into three classes:

1. Satisfactory homes (i.e. income over 10/- per week per head, and less than 4 persons per sleeping apartment).

2. Unsatisfactory homes (i.e. income less than 10/- per week per head, and more than 4 persons per sleeping apartment).

3. Indifferent homes - where either

(a) income less than 10/- per week per head,
and less than 4 persons per sleeping apartment, or

(b) income more than 10/- per week per head,
and more than 4 persons per sleeping apartment.

Family History.

At this stage, the family history was taken. Enquiries were made with regard to insanity or other mental or nervous defects, epilepsy, or alcoholism, occurring in the family. The mother was questioned:

1. With regard to the other children in the family.

2. With regard to herself and her brothers and sisters.

3. With regard to her father and mother.

4. With regard to her husband and his brothers and sisters.

5. With regard to the father and mother of her husband.

Personal History.

A. Under this heading the past history of the child was taken especially with reference to the occurrence of :-

1. Measles.
2. Whooping Cough.
3. Chickenpox.
4. Scarlet Fever.
5. Diphtheria.
6. Mumps.
7. Influenza.
8. Pneumonia.
9. Rickets.
10. Injuries and falls.
11. Fits.

B. A note was made of the age when the patient commenced to :-

- (a) Speak.
- (b) Walk.

C. The place in the family occupied by each child was carefully noted.

Physical Examination proper.

The child was next submitted to a physical examination, special attention being paid to the following conditions.

I. General defects :-

(a) Malnutrition as evidenced by

- (1) Underweight as compared with height (Roberts).².
- (2) Small chest measurement as compared with height (Roberts).².
- (3) Condition of the skin.
- (4) Condition of musculature determined by palpation of muscles of superior extremity and shoulder girdle under passive movement.

(b) Chronic Bronchitis.

In this connection enquiries were made with regard to

- (1) Cough, type and duration.
- (2) Sputum, colour and amount.
- (3) Occurrence of breathlessness.
- (4) A general physical examination of the chest was made under the usual headings - inspection palpation, percussion and auscultation.

The requirements for this defect were a cough of 6 months or more duration, with copious musco-purulent sputum, harsh vesicular breathing accompanied by rhonchi and coarse crepitations.

(c) Anaemia.

No blood counts were done under this heading. The condition was judged by the degree of


pallor of the skin and the mucous membranes of the eye and lips. Lassitude during the day, and nocturnal sleeplessness were enquired into.

(d) Nervous Instability.

This defect was determined by hyperexcitability of child in responding to external stimuli. The hyperexcitability evidence itself in extraordinary response to external street noises (jumping, increased pulse rate and general startled expression) - which noises had no effect on other children.

II. Special Defects :-

(a) Defective Vision:

The cases were tested with Snellen types, and in addition the great majority of the cases were submitted to refraction. The standard for defect taken was vision not better than $\frac{6}{12}$ (Snellen type) in the better eye. Where there was any doubt as to whether the letters were known or not, the  test for illiterate children was made use of.

(b) Defective Hearing:

In this connection the standard taken was :- failure to hear the forced whisper at 10 feet with the better ear (The standard of normality with this test is 20 feet).

(c) Defects of the Nose and Throat.

The cases were submitted to a nasal examination, and an examination of the throat. Where there was any suspicion of adenoids the naso pharynx was explored by means of a digital examination and their

presence or absence determined. Under this heading, in cases marked as having enlarged tonsils, the tonsils were in every case markedly enlarged.

(d) Defective Speech.

The test employed was to ask the child's name, address, school and teacher's name. Where the words were badly formed and difficult to understand the case was classed as defective articulation. This type of speech is found most commonly among those suffering from cleft palate, but is not confined entirely to these cases. Where the speech could be fairly easily understood, the child forming the words correctly but slurring them over the case was classed as speech indistinct. This type is a definite contrast to the previous division of cleft palate type. The third subdivision of defective speech noted was stammering, a defect needing no special elucidation.

(e) Defective Teeth.

Only cases having four or more carious teeth were noted.

(f) Stigmata of Degeneration.

Under this heading only the grosser stigmata were noted. Small defects such as slight abnormalities of the lobule of the ear being ignored.

(g) Nocturnal Enuresis.

The presence or absence of this condition was noted.

III.

RESULTS OF EXAMINATION.Table I.

Number of mentally abnormal children examined = 112

Number of children classed as feeble-minded

(intelligence quotient over 50% and under 70%) = 40

No. of children classed as dull and backward

(intelligence quotient 70% or over, and under 95%) = 72

Personal and Social Qualities.Personal Appearance (Facial expression).Table II A.

Mentally abnormal children: (112).

No. of children normal in appearance = 74

Percentage normal = 66.1%

No. of children abnormal in appearance = 38

Percentage abnormal = 33.9%

Table II B.

Feeble-minded children: (40).

No. of children normal in appearance = 22

Percentage normal = 55%

No. of children abnormal in appearance = 18

Percentage abnormal = 45%

Table II C.

Dull and Backward children: (72).

No. of children normal in appearance = 52

Percentage normal = 72.2%

No. of children abnormal in appearance = 20

Percentage abnormal = 27.8%

General Bearing and Deportment.Table III A.

Mentally abnormal children: (112).

No. of children normal = 90. Percentage normal = 80.4

No. of children abnormal (unstable) = 22. Percentage
unstable = 19.6

Table III B.

Feeble-minded children: (40).

No. of children normal = 29. Percentage normal = 72.5

No. of children unstable = 11. Percentage unstable =
27.5

Table III C.

Dull and Backward children: (72).

No. of children normal = 61. Percentage normal =
84.7

No. of children unstable = 11. Percentage unstable =
15.3

Capacity for Self Care and Self-protection.Table IV A.

Mentally abnormal children: (112).

No. of children normal = 51. Percentage normal = 45.5

No. of children in whom these qualities were

overdeveloped = 19.

Percentage overdeveloped = 17.0

No. of children lacking in these qualities = 42

Percentage under developed = 37.5

Table IV B.

Feeble-minded children: (40).

No. of children normal = 18. Percentage normal = 45.0

No. of children in whom these qualities were

overdeveloped = 6

Percentage overdeveloped = 15.0

No. of children in whom these qualities were

lacking = 16

Percentage under developed = 40.0

Table IV C.

Dull and Backward children: (72).

No. of children normal = 33. Percentage normal = 45.8

No. of children in whom these qualities were

overdeveloped = 13.

Percentage overdeveloped = 18.1

No. of children in whom these qualities were

lacking = 26

Percentage underdeveloped = 36.1

Playmates.Table V A.

Mentally abnormal children: (112).

No. of children who showed a preference for playing
with others of their own age = 72.
Percentage own age = 64.3

No. of children who preferred to play with
children younger than themselves = 40
Percentage younger = 35.7

Table V B.

Feeble-minded children: (40).

No. of children who showed a preference for playing
with others of their own age = 26.
Percentage own age = 65.0

No. of children who preferred to play with
children younger than themselves = 14.
Percentage younger = 35.0

Table V C.

Dull and Backward children: (72).

No. of children who showed a preference for playing
with others of their own age = 46.
Percentage own age = 63.9

No. of children who preferred to play with
children younger than themselves = 26.
Percentage younger = 36.1

Special Aptitudes.Table VI.

Aptitude Noted.	No. of times noted in mentally ab- normal children.	No. of times noted in feeble-mind- ed children.	No. of times noted in Dull and Backward children.
(1) Drawing	4	1	3
(2) Sewing	2	0	2
(3) Joinery or other handwork	9	0	9
(4) Collecting articles	1	1	0
(5) Imitation	1	1	0
(6) Singing	1	0	1
(7) Fondness and care of animals	3	1	2
(8) Memorizing	2	2	0
	<hr/> 23 <hr/> =====	<hr/> 6 <hr/> =====	<hr/> 17 <hr/> =====

Temperamental Conditions.Table VII.

Condition.	No. of times noted in Mentally Abnormal children.	No. of times noted in Feeble- minded children.	No. of times noted in Dull and Backward children.
Affection	0	0	0
Temper	32	15	17
Fear	2	2	0
Destructiveness	2	2	0
Spitefulness	1	0	1
Acquisitiveness	1	1	0
Docility	15	4	11
Curiosity	1	0	1
Aggressiveness	8	2	6
Sullenness	3	0	3
Excitability	4	1	3
Solitariness	14	5	9
Wandering	4	2	2

Home Conditions.Table VIIIA.

Mentally abnormal children: (112).

No. of children from satisfactory homes = 39.
Percentage satisfactory = 34.8

No. of children from unsatisfactory homes = 35.
Percentage unsatisfactory = 31.3

No. of children from indifferent homes = 38.
Percentage indifferent = 33.9

Table VIII B.

Feeble-minded children: (40).

No. of children from satisfactory homes = 17.
Percentage satisfactory = 42.5

No. of children from unsatisfactory homes = 15.
Percentage unsatisfactory = 37.5

No. of children from indifferent homes = 8.
Percentage indifferent = 20.

Table VIII C.

Dull and Backward children: (72).

No. of children from satisfactory homes = 22.
Percentage satisfactory = 30.6

No. of children from unsatisfactory homes = 20.
Percentage unsatisfactory = 27.8

No. of children from indifferent homes = 30.
Percentage indifferent = 41.7

Family History.Table IX A.

Pathological Condition Noted.	No. of times noted in the family histories of Mentally Abnormal Children (106)	No. of times noted in the family histories of Feeble-minded Children (35)	No. of times noted in the family histories of Dull and Backward Children (71)
Insanity	7	3	4
Epilepsy	8	2	6
Mental Deficiency	17	4	13
Dullness	16	6	10
Unstableness	<u>2</u>	<u>0</u>	<u>2</u>
	50	15	35
	=====	=====	=====

Table IX B.

	Mentally Abnormal Children.	Feeble-minded Children.	Dull and Backward Children.
No. of cases in which family history was Defective	49	15	34

In five of the feeble-minded cases no satisfactory family history could be procured on account of the death of one or both parents. Similarly in one of the cases of the dull and backward group no history could be obtained. These cases have been ignored in calculating the following percentages.

Table IX C.

	Mentally Abnormal Children. (106).	Feeble-minded Children (35).	Dull and Backward Children (71).
Percentage No. of cases in which family history was found Defective	46.4%	42.9%	47.9%

Personal History.Incidence of some infectious diseases.Table X A.

Mentally abnormal children (112).

Disease.	No. of Children having had the disease.	Percentage.	Percentage figure for non- exceptional children.
Measles	68	60.7	40.4
Whooping Cough	33	29.5	23.3
Chickenpox	15	13.4	12.3
Scarlet Fever	7	6.3	6.1
Diphtheria	1	0.9	1.0
Mumps	6	5.4	3.8
Influenza	6	5.4	3.7
Pneumonia	13	11.6	8.4

Table X B.

Feeble-minded children (40).

Disease.	No. of Children having had the disease.	Percentage.	Percentage figure for non- exceptional children.
Measles	24	60.0	40.4
Whooping Cough	11	27.5	23.3
Chickenpox	5	12.5	12.3
Scarlet Fever	1	2.5	6.1
Diphtheria	1	2.5	1.0
Mumps	1	2.5	3.8
Influenza	3	7.5	3.7
Pneumonia	6	15.0	8.4

Table X C.

Dull and Backward Children (72).

Disease.	No. of Children having had the disease.	Percentage.	Percentage figure for non- exceptional children.
Measles	44	61.1	40.4
Whooping Cough	22	30.6	23.3
Chickenpox	10	13.9	12.3
Scarlet Fever	6	8.3	6.1
Diphtheria	0	0.0	1.0
Mumps	5	6.9	3.8
Influenza	3	4.2	3.7
Pneumonia	7	9.7	8.4

Certain other Defects.Table XI. A.

Mentally Abnormal Children (112).

Defect.	No. of Children having been affected.	Percentage.	Percentage figure for non- exceptional children.
Rickets	8	7.1	2.0
Injuries and falls	13	11.6	1.0
Fits	22	19.6	2.1

Table XI B.

Feeble-minded Children (40).

Defect.	No. of Children having been affected.	Percentage.	Percentage figure for non- exceptional children.
Rickets	4	10.0	2.0
Injuries and falls	5	12.5	1.0
Fits	10	25.0	2.1

Table XI C.

Dull and Backward Children (72).

Defect.	No. of Children having been affected.	Percentage.	Percentage figure for non- exceptional children.
Rickets	4	5.6	2.0
Injuries and falls	8	11.1	1.0
Fits	12	16.7	2.1

Age at Walking and Talking.Table XII.

Average age in Mentally Abnormal Children (110).	Average age in Feeble- minded Children (39).	Average age in Dull and Backward Children (71).
Age at commencement of Walking	1 yr.10 mos.	2yrs.4 mos. 1 yr.6 mos.
Age at commencement of Talking	2 yrs.1 mon.	2yrs.6 mos. 1 yr.8 mos.

In the cases of one feeble-minded child and one dull and backward child no satisfactory history on the above points could be acquired, so these two cases are not included in making up the above table.

Place in Family.

In each of the following three Tables the standard curve for the incidence of disease generally is marked in red ink (Still)³.

Table XIII A.

Mentally Abnormal Children (112).

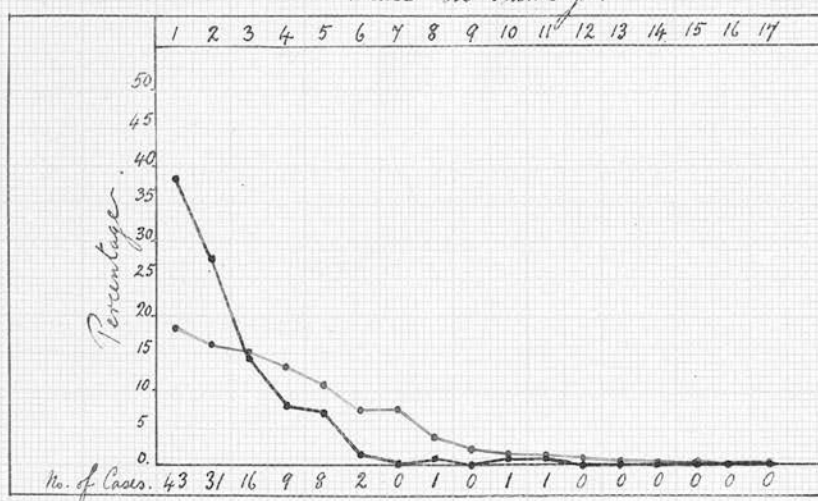
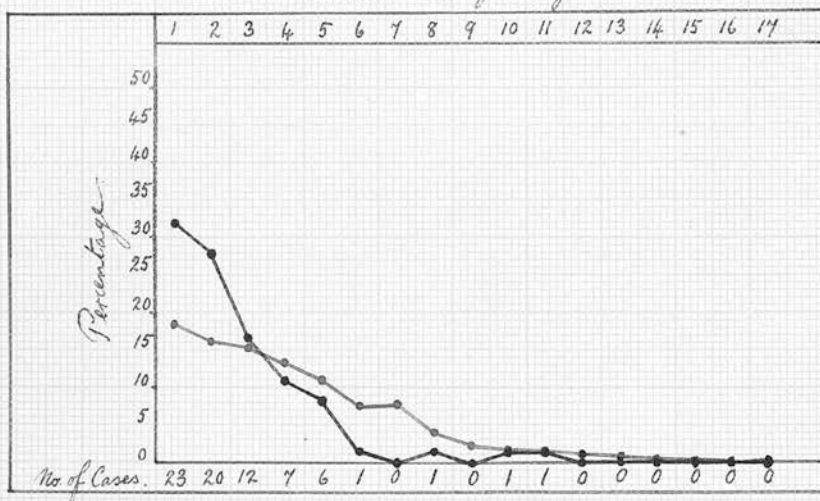
Place in Family.

Table XIII C.

Dull and backward children (72)

Place in family.



The exact percentages indicated in the Standard Curve are: 18.5, 16.1, 15.4, 13.4, 10.8, 7.5, 7.6, 3.9, 2.1, 1.7, 1.6, 1.1, 0.7, 0.4, 0.1, 0.0, 0.1.

Physical Defects.Table XIV.Malnutrition.

	Number examined.	No. showing defect.	Percentage.
Mentally abnormal children	112	16	14.3
Feeble-minded children	40	7	17.5
Dull and Backward children	72	9	12.5

The percentage for school children examined at Routine Medical Inspection and found to be suffering from malnutrition was 5.0.

Table XV.Chronic Bronchitis.

	Number examined.	No. showing defect.	Percentage.
Mentally abnormal children	112	20	17.9
Feeble-minded children	40	11	27.5
Dull and Backward children	72	9	12.5

The percentage for school children examined at Routine Medical Inspection and found to be suffering from Chronic Bronchitis was 8.4.

Table XVI.Anaemia.

	Number examined.	No. showing defect.	Percentage.
Mentally abnormal children	112	7	6.3
Feeble-minded children	40	1	2.5
Dull and Backward children	72	6	8.3

The percentage for school children examined at Routine Medical Inspection and found to be suffering from Anaemia was 3.6.

Table XVII.Nervous Instability.

	Number examined.	No. showing defect.	Percentage.
Mentally abnormal children	112	2	1.8
Feeble-minded children	40	0	0.0
Dull and Backward children	72	2	2.8

The percentage for school children examined at Routine Medical Inspection and found to be suffering from Nervous Instability was 0.2.

Table XVIII.Defective Vision.

	Number examined.	No. showing defect.	Percentage.
Mentally abnormal children	112	50	44.6
Feeble-minded children	40	17	42.5
Dull and Backward children	72	33	45.8

The percentage for school children examined at Routine Medical Inspection and found to be suffering from Defective Vision was 13.8.

Table XIX.Defective Hearing.

	Number examined.	No. showing defect.	Percentage.
Mentally abnormal children	112	21	18.8
Feeble-minded children	40	6	15.0
Dull and Backward children	72	15	20.8

The percentage for school children examined at Routine Medical Inspection and found to be suffering from Defective Hearing was 1.7.

Table XX A.

	Number examined.	No. showing Enlarged Tonsils.	No. showing Enlarged Tonsils and Adenoids.	Total No. of Defects.
Mentally Abnormal Children.	112	10	17	42
Feeble- minded Children.	40	3	10	17
Dull and Backward Children.	72	7	7	25

Table XX B.

	Percentage showing Enlarged Tonsils.	Percentage showing Adenoids.	Percentage showing Enlarged Tonsils and Adenoids.	Total Percentage.
Mentally Abnormal Children.	8.9	15.2	13.4	37.5
Feeble- minded children.	7.5	25.0	10.0	42.5
Dull and Backward children.	9.7	9.7	15.3	34.7

The percentages for school children examined at Routine Inspection and found to be suffering from defects of the nose and throat was as follows :-

Enlarged Tonsils.	Adenoids.	Enlarged Tonsils and Adenoids.	Total.
3.3	1.2	7.0	11.5

Table XXI A.Defective Speech.

Number Examined.	Number showing Defective Speech			Total
	Articulation.	Indistinct.	Stammering.	
Mentally Abnormal Children. 112	11	19	6	36
Feeble- minded Children. 40	7	6	2	15
Dull and Backward Children. 72	4	13	4	21

Table XXI B.

Percentage showing
Defective Speech
. Articulation. Indistinct. Stammering. Total.

Mentally Abnormal Children.	9.8	17.0	5.4	32.1
Feeble- minded Children.	17.5	15.0	5.0	37.5
Dull and Backward Children.	5.6	18.1	5.6	29.2

The percentage for school children examined at Routine Medical Inspection and found to be suffering from defective speech (all forms) was 3.2.

Table XXII.Defective Teeth.

	Number Examined.	Number showing defect.	Percentage.
Mentally abnormal Children	112	29	25.9
Feeble-minded Children	40	10	25.0
Dull and Backward Children	72	19	26.4

The percentage for school children examined at Routine Medical Inspection and found to be suffering from defective teeth was 31.1.

Table XXIII.Nocturnal Enuresis.

	Number examined.	Number showing defect.	Percentage.
Mentally abnormal Children	112	12	10.7
Feeble-minded Children	40	9	22.5
Dull and Backward Children	72	3	4.2

The percentage for school children examined at Routine Medical Inspection and found to be suffering from this complaint was 1.5.

Table XXIV.Stigmata of Degeneration.

Defect	Number and Percentage showing defect					
	Mentally Abnormal Children.		Feeble- minded Children.		Dull and Backward Children.	
	No.	%	No.	%	No.	%
Persistence of Epicanthic folds.	4	3.6	3	7.5	1	1.4
Short fifth fingers with inturned termi- nal phalanx.	3	2.7	1	2.5	2	2.8
Head very small.	1	0.9	1	2.5	0	0.0
Salivation.	2	1.8	2	5.0	0	0.0
Mongoloid Eyes.	2	1.8	1	2.5	1	1.4
Misshapen ears.	4	3.6	1	2.5	3	4.2
Abnormally long arms.	1	0.9	0	0.0	1	1.4
	17	15.2%	9	22.5%	8	11.1%
	==	=====	===	=====	===	=====

Case No.

Name _____

Date of Birth _____

Address _____

Place of Birth _____

Place of Residence _____

Present Address _____

Occupation _____ Intelligence _____

Height _____ Weight _____ Age _____

Education _____

Personal & Social Qualities:

Appearance (facial expression):	Normal
Personality:	Normal
Self Protection:	Lacking
Intelligence:	Low
Special Abilities:	None

CASE HISTORIES.

Developmental History:

At birth normal. Child appears rather "apollon".

Present Conditions:

Unaffected. Lives with parents in one room.

Family History:

All members affected.

Personal History:

Previous illnesses:
Measles
Chickenpox
Scarlet fever
On several occasions has had rather severe falls.
Age at falling: 1 year.
Age at falling: 1 year.
Place in family: 1st.

Physical Defects:

General:
Malnutrition.
Chronic Bronchitis.
Special:
Defective Vision.
Defective Teeth.

Case No: 1Name: Clara Boyle.Date of Birth: 20/8/16Address: 13, Mill Street, South Shields.When Examined: 9/11/25Where Examined: School Clinic, South Shields.Present School: St. Bede's R.C. Girls'.

<u>Actual Age.</u>	<u>Mental Age.</u>	<u>Intelligence Quotient.</u>
9 ² /12 yrs.	6 yrs.	65%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal noted. Child appears rather 'spoiled'.

Home Conditions:

Indifferent. Lives with parents in one room.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Chickenpox.

Influenza.

On several occasions has had rather severe falls.

Age at Walking: 1 year.

Age at Talking: 1 year.

Place in Family: 1st.

Physical Defects:

General:

Malnutrition.

Chronic Bronchitis.

Special:

Defective Vision.

Defective Teeth.

Case No: 2Name: George William Dowey.Date of Birth: 21/9/11Address: 131, Ashgrove Avenue, Cleadon, South Shields.When Examined: 3/2/26Where Examined: School Clinic, South Shields.Present School: Cleadon Park Open-air School.Actual Age: Mental Age: Intelligence
Quotient:14⁴/12 yrs. 7⁸/12 yrs. 54%Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Adenoid facies.
Bearing:	Unable to concentrate
Self Protection:	Normal
Playmates:	Younger when any
Special Aptitudes:	None.

Temperamental Conditions:

Solitariness.

Home Conditions:

Satisfactory. Plenty of accommodation and no poverty.

Family History:

A younger brother is very backward.

Personal History:

Previous Illnesses:

Whooping Cough.

Rickets.

Bronchitis.

Age at Walking: 3 years.

Age at Talking: 2 years.

Place in Family: 1st.

Physical Defects:

General:

Malnutrition.

Chronic Bronchitis.

Special:

Enlarged Tonsils and Adenoids.

Case No: 3

Name: John Hunter.

Date of Birth: 29/10/12.

Address: 192, Talbot Road, South Shields.

When Examined: 30/7/25.

Where Examined: School Clinic, South Shields.

Present School: West Harton Boys'.

<u>Actual Age.</u>	<u>Mental Age.</u>	<u>Intelligence Quotient.</u>
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12 ⁹ /12 yrs.	8 yrs.	63%
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Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Satisfactory. No overcrowding. No poverty.

Family History:

Father reported to have been very backward.
An elder brother also reported very backward.

Personal History:

Previous Illnesses:
Measles.

Age at Walking: 1 year 10 months.
Age at Talking: 5 years.
Place in Family: 3rd.

Physical Defects:

General:
None.

Special:

Defective hearing.
Enlarged tonsils and adenoids.
Short fifth fingers with inturnd terminal phalanges.

Name: Matthew Foster Cresswell Irving.

Date of Birth: 22/12/16

Address: 98, Bk. Marsden Street, South Shields.

When Examined: 7/4/26

Where Examined: School Clinic, South Shields.

Present School: Laygate Boys'

Actual Age: Mental Age: Intelligence
Quotient:

$9^3/12$ yrs. $5^6/12$ yrs. 60%

Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal

Home Conditions:

Indifferent. No overcrowding. Poverty.

Family History:

Father's brother very dull.
Elder brother feeble-minded.

Personal History:

Previous Illnesses:
Bronchitis.

Age at Walking: 10 months.
Age at Talking: 2 years.
Place in Family: 2nd.

Physical Defects:

General:
Chronic Bronchitis.

Special:
Adenoids.
Speech indistinct.
Epicanthic folds present.

Case No: 5

Name: Thomas Cresswell Irving.

Date of Birth: 23/12/11.

Address: 98, Bk. Marsden Street, South Shields.

When Examined: 7/4/26.

Where Examined: School Clinic, South Shields.

Present School: None.

<u>Actual Age:</u>	<u>Mental Age.</u>	<u>Intelligence Quotient.</u>
14 ³ /12 yrs.	8 yrs.	56%

Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Adenoid facies
Bearing:	Normal
Self Protection:	Normal
Playmates:	Children own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal noted.

Home Conditions:

Indifferent. No overcrowding. Poverty.

Family History:

Father's Brother very dull.
Younger Brother feeble-minded.

Personal History:

Previous Illnesses:
None.

Age at Walking: 1 year.
Age at Talking: 2 years.
Place in Family: 1st

Physical Defects:

General:
None.

Special:
Adenoids.
Speech indistinct.
Epicanthic folds present.

Case No: 6Name: William Kay.Date of Birth: 16/10/13.Address: 6, Park Street, South Shields.When Examined: 1/2/26.Where Examined: School Clinic, South Shields.Present School: St. Hilda's.

<u>Actual Age.</u>	<u>Mental Age.</u>	<u>Intelligence Quotient.</u>
12 ² /12 yrs.	7 ² /12 yrs.	59%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Acquisitiveness.
 Wandering propensities.
 When in the company of other boys he is easily carried away to the extent of committing petty thefts.
 Has been to Court three times and bound over.

Home Conditions:

Unsatisfactory. Overcrowding. Poverty.

Family History:

Brother in an Industrial School for stealing.

Personal History:

Previous Illnesses:
 Fits.

Age at Walking:	2 years.
Age at Talking:	2 years.
Place in Family:	1st.

Physical Defects:

General:
 None.

Special:
 None.

Case No: 7Name: William Laing.Date of Birth: 3/1/13.Address: 26, Frost Street, Tyne Dock, South Shields.When Examined: 28/10/25.Where Examined: School Clinic, South Shields.Present School: St. Mary's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient.</u>
12 ¹⁰ /12 yrs.	6 ⁵ /12 yrs.	50%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.

Home Conditions:

Indifferent. No overcrowding. Poverty.

Family History:

History of Epilepsy in paternal uncle.

Personal History:

Previous Illnesses:
Pneumonia.

Age at Walking:	1 year 10 months.
Age at Talking:	2 years.
Place in Family:	1st.

Physical Defects:

General:
Chronic Bronchitis.

Special:

Defective Vision.
Defective Hearing.
Enlarged Tonsils and Adenoids.
Nocturnal Enuresis.

Case No: 8Name: Irene Nixon.Date of Birth: 21/7/11Address: 91, Brownlow Road, South Shields.When Examined: 16/12/25.Where Examined: School Clinic, South Shields.Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

14 ⁵ /12 yrs.	8 yrs.	55%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Dull and stolid.
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	Attending to animals

Temperamental Conditions:

Nil abnormal except a tendency to coprolalia.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Chickenpox.

Age at Walking: 1 year.

Age at Talking: 2 years.

Place in Family: 1st.

Physical Defects:

General:

None.

Special:

Defective Vision.

Case No: 9

Name: Allan O'Connell.

Date of Birth: 6/10/15.

Address: Crown Inn, The Lawe, South Shields.

When Examined: 15/4/25.

Where Examined: School Clinic, South Shields.

Present School: Baring Street

<u>Actual Age:</u>	<u>Mental Age.</u>	<u>Intelligence Quotient.</u>
9 ⁶ /12 yrs.	4 ⁹ /12 yrs.	50%

Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Fear of Music.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Injury from fall in infancy.

Age at Walking: 1 year 6 months.

Age at Talking: 2 years.

Place in Family: 2nd.

Physical Defects:

General:

None.

Special:

Defective Vision.

Defective articulation.



Case No: 10Name: John Porter.Date of Birth: 26/4/12.Address: 48, Collingwood Street, South Shields.When Examined: 4/11/25.Where Examined: School Clinic, South Shields.Present School: Private School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient.</u>
13 ⁷ /12 yrs.	8 yrs.	60%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Wandering

Home Conditions:

Satisfactory.

Family History:

Consanguinity (parents are first cousins).
A younger brother is very backward.

Personal History:

Previous Illnesses:
Measles.

Age at Walking: 1 year 6 months.
Age at Talking: 1 year 6 months.
Place in Family: 1st.

Physical Defects:

General:
None.

Special:
None.

Case No: 11Name: Nancy Pullen.Date of Birth: 13/5/14.Address: 119, H. S. Edward Street, South Shields.When Examined: 23/7/25.Where Examined: School Clinic, South Shields.Present School: Laygate.

<u>Actual Age:</u>	<u>Mental Age.</u>	<u>Intelligence Quotient.</u>
11 ² /12 yrs.	7 yrs.	64%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Abnormally curious.

Home Conditions:

Indifferent. Poverty.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
None.

Age at Walking: 1 year 6 months.
Age at Talking: 2 years.
Place in Family: 2nd.

Physical Defects:

General:
None.

Special:
None.

Case No: 12Name: Matthew Reed.Date of Birth: 18/12/14Address: 1, Thames Street, South Shields.When Examined: 21/12/25Where Examined: School Clinic, South Shields.Present School: Ocean Road.

<u>Actual Age:</u>	<u>Mental Age.</u>	<u>Intelligence Quotient.</u>
11 yrs.	7 ³ /12 yrs.	66%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.
Whooping Cough.
Pneumonia.
Bronchitis.
Fits.

Age at Walking: 1 year 6 months.

Age at Talking: 2 years 2 months.

Place in Family: 2nd

Physical Defects:General:

None

Special:

Defective Vision.
Nocturnal Enuresis.

Case No: 13Name: George Straker.Date of Birth: 29/11/14Address: 13, Cambridge Street, South Shields.When Examined: 16/12/25Where Examined: School Clinic, South Shields.Present School: St. Mark's Mixed.

<u>Actual Age:</u>	<u>Mental Age.</u>	<u>Intelligence Quotient.</u>
11 yrs.	6 yrs.	55%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Adenoid facies
Bearing:	Normal
Self Protection:	Normal
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.
Bad temper.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
Measles.

Age at Walking:	3 years.
Age at Talking:	3 years.
Place in Family:	1st.

Physical Defects:

General:

None.

Special:

Defective Vision.

Adenoids.

Speech indistinct.

Epicanthic Folds present.

Case No: 14

Name: Thomas Wallace Sutton.

Date of Birth: 8/2/17.

Address: 38, Aberdeen Terrace, Tyne Dock,
South Shields.

When Examined: 26/6/25

Where Examined: School Clinic, South Shields.

Present School: St. Peter & Paul's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u> <u>Quotient:</u>
8 ⁴ /12 yrs.	4 ² /12 yrs.	50%

Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Restless
Self Protection:	Lacking
Playmates:	None
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
Injury from fall in infancy.

Age at Walking:	1 year.
Age at Talking:	1 year.
Place in Family:	4th.

Physical Defects:

General:
None.

Special:
Defective Vision.
Speech indistinct.

Case No: 15Name: Thomas Edward Thornley.Date of Birth: 3/4/12Address: 8, Bk. Thornton Street, South Shields.When Examined: 26/6/25Where Examined: School Clinic, South Shields.Present School: Holy Trinity.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12 ⁷ /12 yrs.	8 ⁹ /12 yrs.	69%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Very free
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Aggressiveness.

Home Conditions:

Unsatisfactory.

Family History:

Male parent has been in an Asylum - an alcoholic.

Personal History:

Previous illnesses:
Measles.

Age at Walking:	1 year
Age at Talking:	1 year
Place in Family:	1st

Physical Defects:

General:
None.

Special:
None.

Case No: 16Name: Rose Ann Wake.Date of Birth: 31/12/14Address: 67, East Holborn, South Shields.When Examined: 3/3/25Where Examined: School Clinic, South Shields.Present School: Cone Street.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
10 ² /12 yrs.	5 ¹ /12 yrs.	50%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Docility.

Home Conditions:

Unsatisfactory.

Family History:

Not ascertained.

Personal History:

Previous Illnesses:

Measles.

Rickets.

Bronchitis.

Age at Walking: 6 years 6 months

Age at Talking: 6 years

Place in Family: 2nd

Physical Defects:

General:

None.

Special:

Defective Vision.

Adenoids.

Speech indistinct.

Nocturnal Enuresis.

Case No: 17Name: Stephenson Wood.Date of Birth: 29/10/13Address: 26, Ravensworth Terrace, South Shields.When Examined: 22/7/25Where Examined: School Clinic, South Shields.Present School: Mortimer Road Boys'

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11⁹/12 yrs.7³/12 yrs.

66%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.

Chickenpox.

Fits.

Age at Walking: 3 years.

Age at Talking: 3 years.

Place in Family: 1st

Physical Defects:General:

None.

Special:

Defective Vision.

Nocturnal Enuresis.

Case No: 18

Name: Thomas Adamson Gow Corner.

Date of Birth: 18/10/16

Address: 143, Talbot Road, South Shields.

When Examined: 24/7/25

Where Examined: School Clinic, South Shields.

Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 ⁹ /12 yrs.	4 ⁶ /12 yrs.	51%.
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Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Unable to concentrate.
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	Collecting articles.

Temperamental Conditions:

Very mischievous.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Influenza.

Fits.

Age at Walking: 1 year 6 months.

Age at Talking: 2 years.

Place in Family: 1st

Physical Defects:

General:

None.

Special:

None.

Case No: 19Name: Harold Sneddon Aitcheson.Date of Birth: 25/11/12Address: 27, Railway Cottages, Simonside,
South Shields.When Examined: 13/3/25Where Examined: School Clinic, South Shields.Present School: Simonside.Actual Age: Mental Age: Intelligence
Quotient:12⁴/12 yrs.

8 yrs.

65⁹/₁₀Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Docility.

Home Conditions:

Unsatisfactory.

Family History:

Not ascertained.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Rickets.

Age at Walking: 4 years 6 months.

Age at Talking: 3 years.

Place in Family: 3rd.

Physical Defects:General:

None.

Special:

Enlarged Tonsils.

Defective articulation.

Defective Teeth.

Case No: 20

Name: John William Matthewson.

Date of Birth: 15/5/13

Address: 183, John Williamson St., South Shields.

When Examined: 24/7/25

Where Examined: School Clinic, South Shields.

Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12 ¹ /12 yrs.	6 ⁶ /12 yrs.	54%
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Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Excitable
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Abnormally curious.

Home Conditions:

Indifferent. Poverty.

Family History:

History of Epilepsy in Mother's brother.

Personal History:

Previous Illnesses:
Fits.
Bronchitis.

Age at Walking:	1 year.
Age at Talking:	1 year.
Place in Family:	1 st

Physical Defects:

General:
None.

Special:
None.

Case No: 21Name: Joseph Roche.Date of Birth: 6/11/18Address: 18, Asylum Road, Westtown, Dewsbury.When Examined: 10/11/26Where Examined: School Clinic, Dewsbury.Present School: St. Paulinus' R.C.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 yrs.	5 ⁶ /12 yrs.	69%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression): "Soft" looking.

Bearing: Tearful

Self Protection: Lacking

Playmates: Younger

Special Aptitudes: None

Temperamental Conditions:

Docility.

Home Conditions:

Unsatisfactory. Very poor home.

Family History:

Mother Feeble-minded.

Personal History:

Previous Illnesses:

Bronchitis.

Age at Walking: 1 year

Age at Talking: 1 year

Place in Family: 1st

Physical Defects:

General:

None.

Special:

Defective Vision.

Nocturnal Enuresis.

Date of Birth: 16/5/20

When Examined: 5/2/27

Where Examined: School Clinic, Dewsbury.

Present School: No School.

Actual Age: Mental Age: Intelligence
Quotient:

5⁶/12 yrs. 3 yrs. 55%

Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Aggressiveness.
Destructiveness.

Home Conditions:

Indifferent.

Family History:

Not ascertained.

Personal History:

Previous Illnesses:
Fits.

Age at Walking: 2 years.
Age at Talking: 3 years.
Place in Family: 1st

Physical Defects:

General:
Chronic Bronchitis.

Special:
Defective Vision.

Case No: 23Name: Clifford Sykes.Date of Birth: 2/2/14Address: 11 Bk. Wilton Street, Dewsbury.When Examined: 25/4/27Where Examined: School Clinic, Dewsbury.Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

13 ² /12 yrs.	7 ⁹ /12 yrs.	59%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Abnormal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	Drawing

Temperamental Conditions:

Bad temper.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Age at Walking: 4 years.

Age at Talking: 1 year 6 months.

Place in Family: 1st

Physical Defects:

General:

Malnutrition.

Chronic Bronchitis.

Special:

Defective Vision.

Defective Hearing.

Adenoids.

Defective articulation.

Defective Teeth.

Large and protruding ears.

Case No: 24Name: Arthur Nicholson.Date of Birth: 26/10/12Address: 113, Sands Lane, Earlsheaton.When Examined: 26/4/27Where Examined: School Clinic, Dewsbury.Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

14 ⁶ /12 yrs.	7 ⁶ /12 yrs.	52%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own Age
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.

Home Conditions:

Unsatisfactory.

Family History:

Two sisters very dull.

Personal History:Previous illnesses:

Rickets.

Injury from fall in infancy.

Age at Walking: 5 years.

Age at Talking: 3 years.

Place in family: 2nd.

Physical Defects:General:

Malnutrition.

Special:

Defective Vision.

Enlarged Tonsils.

Case No: 25

Name: Mary Senior.

Date of Birth: 29/6/18

Address: 20, Walker Street, Earlsheaton.

When Examined: 30/5/27

Where Examined: School Clinic, Dewsbury.

Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
8 ¹¹ /12 yrs.	6 yrs.	67%

Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Semi-mongoloid
Bearing:	Restless
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Memorizes well.

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous illnesses:

Diphtheria.

Fits.

Age at Walking: 3 years.

Age at Talking: 10 months.

Place in Family: 1st

Physical Defects:

General:

None.

Special:

Defective Vision.

Nocturnal Enuresis.

Mongoloid eyes.

Case No: 26Name: George Asquith.Date of Birth: 20/5/17Address: 38, Old Bank Road, Dewsbury.When Examined: 14/7/27Where Examined: School Clinic, Dewsbury.Present School: Eastboro' Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10²/12 yrs.

7 yrs.

69%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Docility.

Home Conditions:

Unsatisfactory.

Family History:

Not ascertained.

Personal History:

Previous Illnesses:
None

Age at Walking: 2 years.
Age at Talking: 2 years.
Place in Family: 1st

Physical Defects:

General:
None.

Special:
None.

Case No: 27Name: John Collier.Date of Birth: 26/12/14Address: 36, Bk. Ridgway St., Dewsbury.When Examined: 14/7/27Where Examined: School Clinic, Dewsbury.Present School: Eastboro' Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12⁷/12 yrs.

7 yrs.

60%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Not ascertained.

Personal History:Previous Illnesses:

Measles.

Bronchitis.

Age at Walking: 2 years.

Age at Talking: 2 years.

Place in Family: 2nd

Physical Defects:General:

None.

Special:

None.

Case No: 28Name: Henry Ineson.Date of Birth: 24/2/21Address: 111, Sands Road, Earlsheaton.When Examined: 28/7/27Where Examined: School Clinic, Dewsbury.Present School: Earlsheaton C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

6⁵/12 yrs.

4 yrs.

63%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Dull and Vacant
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Terrified of Dogs.

Home Conditions:

Unsatisfactory.

Family History:

Elder sister backward.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Bronchitis.

Age at Walking: 2 years.

Age at Talking: 2 years.

Place in Family: 3rd.

Physical Defects:General:

Chronic Bronchitis.

Special:

Adenoids.

Speech indistinct.

Defective Teeth.

Case No: 29Name: John Smith.Date of Birth: 27/7/19Address: 31, Preston Street, Earlsheaton.When Examined: 4/8/27Where Examined: School Clinic, Dewsbury.Present School: Earlsheaton Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient.</u>

8 yrs.

4 yrs.

50%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression); Dull and Vacant.

Bearing: Normal

Self Protection: Lacking

Playmates: Younger

Special Aptitudes: None

Temperamental Conditions:

Bad temper.

Home Conditions:

Unsatisfactory.

Family History:

Mother's sister defective.

Personal History:Previous Illnesses:

Measles.

Chickenpox.

Pneumonia.

Age at Walking: 3 years.

Age at Talking: 5 years.

Place in Family: 3rd

Physical Defects:General:

Chronic Bronchitis.

Special:

Adenoids.

Stammering.

Nocturnal Enuresis.

Defective Teeth.

Case No: 30

Name: Irene Smith.

Date of Birth: 29/6/19

Address: 286, Middle Road, Earlsheaton.

When Examined: 5/8/27

Where Examined: School Clinic, Dewsbury.

Present School: Earlsheaton C. E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
8 ¹ / ₁₂ yrs.	4 yrs.	<u>Quotient:</u> 50%

Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Excitability.
Bad temper.

Home Conditions:

Unsatisfactory.

Family History:

Father reported backward.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Age at Walking: 2 years.

Age at Talking: 7 years.

Place in Family: 2nd

Physical Defects:

General:

Chronic Bronchitis.

Special:

Defective articulation.

Nocturnal Enuresis.

Case No: 31

Name: Elsie Ramsden.

Date of Birth: 28/7/17

Address: 83, Albion Street, Ravensthorpe.

When Examined: 9/8/27

Where Examined: School Clinic, Dewsbury.

Present School: Ravensthorpe C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
10 yrs.	6 yrs.	60%

Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	Household tasks.

Temperamental Conditions:

Bad temper.

Home Conditions:

Unsatisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous illnesses:

Measles.

Whooping Cough.

Chickenpox.

Pneumonia.

Bronchitis.

Age at Walking: 2 years 6 months.

Age at Talking: 6 years.

Place in Family: 2nd.

Physical Defects:

General:

Malnutrition.

Special:

Defective Hearing.

Defective Teeth.

Case No: 32Name: Ellen Cosgrove.Date of Birth: 17/3/15Address: 19, Ingham Road, Westtown, Dewsbury.When Examined: 18/8/27Where Examined: School Clinic, Dewsbury.Present School: St. Paulinus' R.C.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12⁵/12 yrs.

8 yrs.

65%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Not ascertained. Both parents dead.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Influenza.

Age at Walking: Not ascertained.

Age at Talking: Not ascertained.

Place in Family: 5th.

Physical Defects:General:

Malnutrition.

Anaemia.

Special:

Defective Vision.

Stammering.

Case No: 33Name: Hugh Evens Williams.Date of Birth: 15/6/20Address: 9, Dale St., Thornhill Lees, Dewsbury.When Examined: 1/12/27Where Examined: School Clinic, Dewsbury.Present School: Thornhill Lees C. E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ¹ /12 yrs.	5 yrs.	65%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Father died insane.

Personal History:Previous Illnesses:

Measles.

Injury from fall in infancy.

Age at Walking: 2 years.

Age at Talking: 10 months.

Place in Family: 2nd.

Physical Defects:General:

Chronic Bronchitis.

Special:

Small head.

Case No: 34Name: Ronald Guest.Date of Birth: -/10/20.Address: 9, Ravens Street, Ravensthorpe.When Examined: 1/12/27Where Examined: School Clinic, Dewsbury.Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7¹/12 yrs.

4 yrs.

55%

Category: Feeble-minded.Personal & Social Qualities:

Appearance: (facial expression); Vacant abnormal look.

Bearing: Abnormal

Self Protection: Over developed

Playmates: Own age

Special Aptitudes: None

Temperamental Conditions:

Bad temper.

Home Conditions:

Unsatisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Fits.

Age at Walking: 10 months.

Age at Talking: 1 year.

Place in Family: 5th.

Physical Defects:

General:

Malnutrition.

Special:

Defective Hearing.

Salivation.

Nocturnal Enuresis.

Defective Teeth.

Case No: 35

Name: Ida Helen Littlewood.

Date of Birth: 7/4/20

Address: 18, Bk. Belgrave Street, Dewsbury.

When Examined: 2/12/27

Where Examined: School Clinic, Dewsbury.

Present School: St. Paulinus' R.C.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ⁸ /12 yrs.	4 yrs.	61%
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Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression);	Vacant
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Spiteful.

Home Conditions:

Unsatisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Pneumonia.

Age at Walking: 3 years.

Age at Talking: 10 months.

Place in Family: 6th

Physical Defects:

General:

Chronic Bronchitis.

Special:

Enlarged Tonsils and Adenoids.

Case No: 36Name: Arthur William Goodall.Date of Birth: 1/4/20Address: 3, Havelock Street, Ravensthorpe.When Examined: 16/1/28Where Examined: School Clinic, Dewsbury.Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ⁹ /12 yrs.	4 yrs.	52%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Behaves like a normal child of three years of age.
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Good memory

Temperamental Conditions:

Bad temper.
Destructiveness.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Fits.

Age at Walking: 1 year 8 months.

Age at Talking: 4 years.

Place in Family: 1st.

Physical Defects:

General:

None.

Special:

Defective Vision.

Defective articulation.

Salivation.

Defective Teeth.

Case No: 37Name: Olive Chambers.Date of Birth: 20/7/22Address: 25, Castle Mount, Thornhill.When Examined: 16/1/28Where Examined: School Clinic, Dewsbury.Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

5 ⁶ /12 yrs.	3 yrs.	55%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Restless
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	Imitation

Temperamental Conditions:

Destructiveness.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
 Fits.
 Bronchitis.

Age at Walking: 2 years 2 months.
 Age at Talking: 5 years.
 Place in Family: 4th.

Physical Defects:General:

None.

Special:

Defective Vision.
 Defective articulation.
 Mongoloid eyes.

Case No: 38

Name: Kenneth Hudson.

Date of Birth: 13/9/20.

Address: 1a, Hanover Street, Dewsbury.

When Examined: 20/4/28

Where Examined: School Clinic, Dewsbury.

Present School: Boothroyd Lane Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ⁷ /12 yrs.	5 ³ /12 yrs.	69%
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Category: Feeble-minded.

Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Pneumonia.

Age at Walking: 1 year 2 months.

Age at Talking: 4 years.

Place in Family: 1st.

Physical Defects:

General:

None.

Special:

Defective Hearing.

Adenoids.

Stammering.

Case No: 39Name: Thomas Bates.Date of Birth: 25/11/15Address: 11, Kaye Street, Savile Town, Dewsbury.When Examined: 25/4/28.Where Examined: School Clinic, Dewsbury.Present School: Dewsbury Parish C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
12 ⁵ /12 yrs.	7 ⁶ /12 yrs.	60%

Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Dullness reported amongst Mother's sisters.

Personal History:Previous Illnesses:

Measles.

Age at Walking: 1 year 6 months.

Age at Talking: 4 years.

Place in Family: 2nd.

Physical Defects:General:

None.

Special:

Defective Hearing.

Adenoids.

Defective Teeth.

Case No: 40Name: Kenneth Jessop.Date of Birth: 19/11/14Address: Savile View, Webster Hill, Dewsbury.When Examined: 25/4/28Where Examined: School Clinic, Dewsbury.Present School: Dewsbury Parish C. E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

13 ⁵ /12 yrs.	7 ¹⁰ /12 yrs.	60%
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Category: Feeble-minded.Personal & Social Qualities:

Appearance (facial expression);	Adenoid facies
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Scarlet Fever.

Age at Walking: 1 year 2 months.

Age at Talking: 1 year 2 months.

Place in Family: 1st.

Physical Defects:General:

None.

Special:

Enlarged Tonsils.

Case No: 41 (83)

Name: Mina Backcush.

Date of Birth: 18/11/12

Address: 9, Harding's Bank, South Shields.

When Examined: 17/4/25

Where Examined: School Clinic, South Shields.

Present School: Cone Street.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
12 ⁴ /12 yrs.	10 yrs.	81%

Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	None
Special Aptitudes:	None

Temperamental Conditions:

Docility.

Home Conditions:

Indifferent.

Family History:

Mixed marriage. Father a French Arab.

Personal History:

Previous illnesses:
Measles.

Age at Walking: 9 months.
Age at Talking: 1 year.
Place in Family: 2nd.

Physical Defects:

General:
None.

Special:
None.

Case No: 42Name: Cissy Balls.Date of Birth: 9/11/17Address: 89, Collingwood Street, South Shields.When Examined: 24/7/25Where Examined: School Clinic, South Shields.Present School: No School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ⁸ /12 yrs.	5 ⁶ /12 yrs.	72%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Injury from fall in infancy.

Fits.

Age at Walking: 1 year.

Age at Talking: 1 year.

Place in Family: 2nd.

Physical Defects:General:

None.

Special:

None.

Case No: 43Name: Frances Ann Basham.Date of Birth: 22/2/11Address: 140, Mile End Road, South Shields.When Examined: 25/4/24Where Examined: School Clinic, South Shields.Present School: Ocean Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

13 ² /12 yrs.	9 ⁶ /12 yrs.	72%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression);	Dull
Bearing:	Stubborn
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Stealing.
Aggressiveness.
Revengeful.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:

Previous illnesses:
Measles.
Whooping Cough.

Age at Walking: 3 years.
Age at Talking: 5 years.
Place in Family: 2nd.

Physical Defects:General:

None.

Special:

Defective Vision.
Enlarged Tonsils and Adenoids.
Arms very long.
Small fifth fingers with inturned terminal phalanges.

Case No: 44Name: Henry Bulman.Date of Birth: 28/5/17Address: 21, Ormonde Street, South Shields.When Examined: 24/4/25.Where Examined: School Clinic, South Shields.Present School: Ocean Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7⁶/12 yrs.

7 yrs.

93%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression);	Abnormal
Bearing:	Apprehensive
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Docility.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Age at Walking: 1 year 1 month.

Age at Talking: 3 years.

Place in Family: 3rd.

Physical Defects:General:

Chronic Bronchitis.

Special:

Stammering.

Defective Teeth.

Case No: 45Name: Lily Frazer Calder.Date of Birth: 19/2/17Address: 25, Palatine Street, South Shields.When Examined: 27/7/25Where Examined: School Clinic, South Shields.Present School: St. Stephen's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8⁵/12 yrs.

7 yrs.

83%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Housework

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

One brother a blind defective.

Personal History:Previous Illnesses:

Measles.

Pneumonia.

Age at Walking: 1 year 6 months.

Age at Talking: 1 year 6 months.

Place in Family: 5th.

Physical Defects:General:

None.

Special:

Defective Vision.

Speech indistinct.

Case No: 46Name: John Fawcus.Date of Birth: 11/5/18Address: 30, Adelaide Street, South Shields.When Examined: 26/3/26.Where Examined: School Clinic, South Shields.Present School: Cleadon Park Open-air School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ¹⁰ /12 yrs.	5 ⁶ /12 yrs.	70%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Docility.

Home Conditions:

Unsatisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
None.

Age at Walking: 1 year 6 months.

Age at Talking: 1 year 6 months.

Place in Family: 5th.

Physical Defects:

General:
Malnutrition.

Special:

Defective Vision.

Enlarged Tonsils and Adenoids.

Speech indistinct.

Case No: 47Name: Isabel Donelly.Date of Birth: 13/2/17Address: 66, Robertson Street, South Shields.When Examined: 11/11/25Where Examined: School Clinic, South Shields.Present School: St. Stephen's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8⁹/12 yrs.

8 yrs.

91%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Indifferent.

Family History:

Elder brother retarded.

Personal History:

Previous Illnesses:
None.

Age at Walking: 1 year 6 months.

Age at Talking: 1 year 6 months.

Place in Family: 5th.

Physical Defects:

General:
None.

Special:
None.

Case No: 48Name: Eleanor Collier.Date of Birth: 22/5/17Address: 38, North Street, South Shields.When Examined: 27/7/25Where Examined: School Clinic, South Shields.Present School: St. Stephen's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 ² /12 yrs.	7 ³ /12 yrs.	87%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Not ascertained. Mother dead.

Personal History:

Previous Illnesses:
None known.

Age at Walking:	Not ascertained.
Age at Talking:	Not ascertained.
Place in Family:	4th.

Physical Defects:

General:
None.

Special:
Defective Teeth.

Case No: 49Name: Norman Carr.Date of Birth: 13/6/17Address: 10, Albion Street, South Shields.When Examined: 20/7/25Where Examined: School Clinic, South Shields.Present School: St. Stephen's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
8 ¹ /12 yrs.	6 ⁹ /12 yrs.	83%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression): Dull. Adenoid facies.

Bearing: Normal

Self Protection: Normal

Playmates: Own age

Special Aptitudes: None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Brother difficult at School. Retarded.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Age at Walking: 2 years 3 months.

Age at Talking: 1 year 1 month.

Place in Family: 10th.

Physical Defects:

General:

None.

Special:

Adenoids.

Speech indistinct.

Case No: 50Name: John Frame.Date of Birth: 3/3/14Address: 16, John Street, South Shields.When Examined: 14/12/25Where Examined: School Clinic, South Shields.Present School: Ocean Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ⁸ /12 yrs.	9 yrs.	77%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	None
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.

Home Conditions:

Indifferent.

Family History:

Nil abnormal.

Personal History:Previous Illnesses:

Measles.

Age at Walking: 1 year 9 months.

Age at Talking: 1 year.

Place in Family: 8th.

Physical Defects:General:

None.

Special:

Defective Vision.

Case No: 51Name: Thomas Holmes.Date of Birth: 24/6/16.Address: 35, Raglan Street, South Shields.When Examined: 26/3/26Where Examined: School Clinic, South Shields.Present School: Cleadon Park Open-air School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

9 ⁹ /12 yrs.	7 ⁶ /12 yrs.	76%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Sullen
Bearing:	Stubborn
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Sullenness.
Untruthful.

Home Conditions:

Unsatisfactory.

Family History:

Brother in an Industrial School for stealing.

Personal History:

Previous Illnesses:
None.

Age at Walking: 1 year 6 months.
Age at Talking: 1 year 6 months.
Place in Family: 3rd.

Physical Defects:

General:
None.

Special:
Defective Vision.

Case No: 52Name: Maude Ivey.Date of Birth: 23/3/12Address: 156, Alice Street, South Shields.When Examined: 9/11/25Where Examined: School Clinic, South Shields.Present School: Barnes.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

13 ⁷ /12 yrs.	9 ⁶ /12 yrs.	70%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	None
Special Aptitudes:	Sewing

Temperamental Conditions:

Docility.
Solitariness.

Home Conditions:

Unsatisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
Fits.

Age at Walking: 1 year 6 months.
Age at Talking: 1 year 6 months.
Place in Family: 2nd.

Physical Defects:

General:
None.

Special:
Enlarged Tonsils.
Speech indistinct.
Defective Teeth.

Case No: 53Name: George Frederick Jackson.Date of Birth: 1/11/14Address: 16, Bk. Lawson Street, South Shields.When Examined: 1/12/25.Where Examined: School Clinic, South Shields.Present School: Laygate.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ¹ /12 yrs.	9 ⁶ /12 yrs.	83%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	None
Special Aptitudes:	Drawing

Temperamental Conditions:

Docility.

Home Conditions:

Unsatisfactory.

Family History:

Father defective. Mother's brother also defective.
Tuberculosis on Mother's side.

Personal History:Previous Illnesses:

Measles.

Scarlet Fever.

Pneumonia.

Age at Walking: 2 years 1 month.

Age at Talking: 1 year 4 months.

Place in Family: 2nd.

Physical Defects:General:

Chronic Bronchitis.

Special:

Defective Vision.

Speech Indistinct.

Defective Teeth.

Case No: 54Name: William Kirton.Date of Birth: 26/11/16Address: 2, South Terrace, South Shields.When Examined: 30/9/25Where Examined: School Clinic, South Shields.Present School: St. Stephen's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 ¹⁰ /12 yrs.	7 ⁶ /12 yrs.	85%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	None
Special Aptitudes:	Joinery

Temperamental Conditions:

Docility.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Bronchitis.

Injury from fall in infancy.

Age at Walking: 4 years.

Age at Talking: 10 months.

Place in Family: 2nd.

Physical Defects:General;

Chronic Bronchitis.

Special:

Defective Vision.

Defective Hearing.

Enlarged Tonsils.

Speech indistinct.

Case No: 55Name: John Lincoln.Date of Birth: 20/11/15Address: 68, Shakespeare Street, South Shields.When Examined: 3/2/26Where Examined: School Clinic, South Shields.Present School: Cleadon Park Open-air School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ⁴ /12 yrs.	9 ⁶ /12 yrs.	92%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression);	Sullen
Bearing:	Stubborn
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	Attending to animals.

Temperamental Conditions:

Aggressiveness.

Home Conditions:

Unsatisfactory.

Family History:

Father of low mentality. Defective.

Personal History:

Previous Illnesses:
None.

Age at Walking: 2 years.
Age at Talking: 2 years.
Place in Family: 1st.

Physical Defects:

General:
None.

Special:
Enlarged Tonsils.
Defective Teeth.

Case No: 56Name: Thomas Lowes.Date of Birth: 15/6/16Address: 130, Eglesfield Road, South Shields.When Examined: 5/10/25Where Examined: School Clinic, South Shields.Present School: Laygate.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

9 ³ /12 yrs.	7 ⁶ /12 yrs.	82%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Brother has Pulmonary Tuberculosis.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Rickets.

Age at Walking: 3 years.

Age at Talking: 3 years.

Place in Family: 3rd.

Physical Defects:General:

Chronic Bronchitis.

Special:

Defective Vision.

Defective Hearing.

Speech indistinct.

Case No: 57Name: Arthur Victor Ludlow.Date of Birth: 13/6/13.Address: 6, Frost Street, South Shields.When Examined: 30/7/25.Where Examined: School Clinic, South Shields.Present School: Stanhope Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12¹/₁₂ yrs.

9 yrs.

70%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Timidity.

Home Conditions:

Satisfactory.

Family History:

Elder brothers dull.

Personal History:Previous Illnesses:

Injury from fall in infancy.

Age at Walking:	1 year.
Age at Talking:	1 year 6 months.
Place in Family:	3rd.

Physical Defects:General:

None.

Special:

Adenoids.

Short fifth fingers with inturned terminal phalanges.

Case No: 58

Name: Frederick Wood Massey.

Date of Birth: 13/5/15

Address: 58, Dacre Street, South Shields.

When Examined: 24/11/25

Where Examined: School Clinic, South Shields.

Present School: Laygate.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ⁶ /12 yrs.	9 ⁹ /12 yrs.	93%
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Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Timid
Bearing:	Normal
Self Protection:	Lacking
Playmates:	None
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Tendency to Melancholia.
Solitariness.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous illnesses:
Measles.

Age at Walking: 1 year.
Age at Talking: 2 years.
Place in Family: 6th.

Physical Defects:

General:
None.

Special:
Stammering.

Case No: 59

Name: Annie Milliken.

Date of Birth: 27/10/14.

Address: 8, Pan Bank, South Shields.

When Examined: 1/12/25.

Where Examined: School Clinic, South Shields.

Present School: Cone Street.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ¹ /12 yrs.	9 ⁷ /12 yrs.	83%
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Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	None
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
Bronchitis.

Age at Walking:	10 months.
Age at Talking:	10 months.
Place in Family:	1st.

Physical Defects:

General:
Chronic Bronchitis.
Anaemia.

Special:
None.

Case No: 60

Name: Ann Offenburg.

Date of Birth: 26/1/17

Address: 2, Bk. Heugh Terrace, South Shields.

When Examined: 23/7/25

Where Examined: School Clinic, South Shields.

Present School: St. Stephen's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 ⁷ /12 yrs.	7 ⁶ /12 yrs.	87%
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Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Housework

Temperamental Conditions:

Bad temper.

Home Conditions:

Indifferent.

Family History:

Mother has Tuberculosis.

Personal History:

Previous Illnesses:
Whooping Cough.

Age at Walking:	1 year 3 months.
Age at Talking:	1 year.
Place in Family:	4th.

Physical Defects:

General:
None.

Special:

Defective Vision.
Defective Hearing.
Adenoids.
Defective Teeth.

Case No: 61Name: Annie Owen.Date of Birth: 16/9/16Address: 55, Empress Street, South Shields.When Examined: 16/4/25Where Examined: School Clinic, South Shields.Present School: Baring Street.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 ⁷ /12 yrs.	6 ⁹ /12 yrs.	78%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Father in mental hospital.

Personal History:

Previous Illnesses:
Measles.

Age at Walking: 2 years 6 months.
Age at Talking: 2 years.
Place in Family: 3rd.

Physical Defects:

General:
None.

Special:
Defective Vision.

Case No: 62Name: Wilfred Pollard.Date of Birth: 7/11/13Address: 91, Marlborough Street, South Shields.When Examined: 5/10/25Where Examined: School Clinic, South Shields.Present School: Mortimer Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ¹¹ /12 yrs.	10 yrs.	84%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Excitable
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Abnormally curious.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.

Injury from fall in infancy.

Age at Walking: 11 months.

Age at Talking: 11 months.

Place in Family: 4th.

Physical Defects:General:

None.

Special:

Defective Hearing.

Case No: 63Name: George Ridley.Date of Birth: 4/6/12Address: 2, Craik Avenue, Green Lane, South
Shields.When Examined: 4/11/25.Where Examined: School Clinic, South Shields.Present School: West Harton.Actual Age: Mental Age: Intelligence
Quotient:13⁵/12 yrs. 9⁶/12 yrs. 70%Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Own age
Special Aptitudes:	Manual work

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Father's Uncle defective.

Personal History:Previous illnesses:
Measles.

Age at Walking:	10 months.
Age at Talking:	10 months.
Place in Family:	1st.

Physical Defects:General:
Malnutrition.
Anaemia.Special:
Defective Teeth.

Case No: 64Name: Frederick Rundle.Date of Birth: 24/9/09Address: 15a, Corbridge Street, South Shields.When Examined: 23/4/25Where Examined: School Clinic, South Shields.Present School: St. Hilda's.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

15 ¹ /12 yrs.	14 yrs.	90%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Excitability.
Aggressiveness.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
None.

Age at Walking: 1 year 3 months.
Age at Talking: 1 year.
Place in Family: 3rd.

Physical Defects:

General:
None.

Special:
Enlarged Tonsils and Adenoids.
Speech indistinct.

Case No: 65Name: James Henry Scarfe.Date of Birth: 7/7/18Address: 51, Robert Street, South Shields.When Examined: 9/12/25Where Examined: School Clinic, South Shields.Present School: Mowbray.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ⁵ /12 yrs.	6 yrs.	81%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:

Previous illnesses:
 Measles.
 Whooping Cough.

Age at Walking:	3 years.
Age at Talking:	3 years 6 months.
Place in Family:	1st.

Physical Defects:

General:
 Chronic Bronchitis.

Special:
 Defective Vision.
 Defective Hearing.
 Speech indistinct.

Case No: 66Name: Elizabeth Shields.Date of Birth: 4/7/17.Address: 266, South Palmerston Street,
South Shields.When Examined: 28/10/25Where Examined: School Clinic, South Shields.Present School: Barnes Road.Actual Age: Mental Age: Intelligence
Quotient:8⁴/12 yrs. 7 yrs. 80%Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	None
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.

Home Conditions:

Indifferent.

Family History:

Mother feeble-minded.

Personal History:Previous Illnesses:
Fits.

Age at Walking:	1 year 10 months.
Age at Talking:	2 years.
Place in Family:	1st.

Physical Defects:General:
None.Special:

Defective Vision.
Defective Hearing.
Nocturnal Enuresis.

Case No: 67Name: Robert Spouage.Date of Birth: 9/4/17Address: 40, Dale Street, South Shields.When Examined: 9/12/25Where Examined: School Clinic, South Shields.Present School: Baring Street.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ⁵ /12 yrs.	8 yrs.	70%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Mother feeble-minded.

Personal History:

Previous Illnesses:
 Measles.
 Rickets.

Age at Walking: 2 years.
 Age at Talking: 2 years.
 Place in Family: 1st.

Physical Defects:

General:
 None.

Special:
 Nocturnal Enuresis.
 Defective Teeth.

Case No: 68Name: Jonathan Stobbs.Date of Birth: 12/11/18Address: 84, Alfred Street, South Shields.When Examined: 23/12/25Where Examined: School Clinic, South Shields.Present School: Westoe Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ¹ / ₁₂ yrs.	7 yrs.	93%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Solitariness.

Home Conditions:

Unsatisfactory.

Family History:

Father neurasthenic.
Grandmother died insane.

Personal History:

Previous Illnesses:
Whooping Cough.
Injury from fall in infancy.
Fits.
Age at Walking: 1 year.
Age at Talking: 1 year.
Place in Family: 1st.

Physical Defects:

General:
None.

Special:
Defective Vision.

Case No: 69Name: Alexander Turnbull.Date of Birth: 24/6/15.Address: 6, Sycamore Avenue, South Shields.When Examined: 6/1/26Where Examined: School Clinic, South Shields.Present School: Cleadon Park Open-air.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ⁶ /12 yrs.	8 ⁶ /12 yrs.	81%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.

Influenza.

Age at Walking: 1 year.

Age at Talking: 1 year.

Place in Family: 3rd.

Physical Defects:General:

Malnutrition.

Special:

Defective Vision.

Case No: 70

Name: Henry Waterson.

Date of Birth: 1/9/12.

Address: 294, H.S. Edward St., South Shields.

When Examined: 29/7/25

Where Examined: School Clinic, South Shields.

Present School: Stanhope Senior Boys'

Actual Age: Mental Age: Intelligence
Quotient:

12¹⁰/12 yrs. 9⁶/12 yrs. 71%

Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Solitariness.
Wandering

Home Conditions:

Satisfactory.
Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.
Chickenpox.
Pneumonia.

Age at Walking: 4 years.
Age at Talking: 4 years.
Place in Family: 2nd.

Physical Defects:

General:

None.

Special:

Defective Vision.
Defective Hearing.
Defective articulation.
Left ear defective.
Prognathism.

Case No: 71Name: Walter Leader Wood.Date of Birth: 6/10/15Address: 54, Broderick Street, South Shields.When Examined: 6/1/26Where Examined: School Clinic, South Shields.Present School: Ocean Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ³ /12 yrs.	8 yrs.	78%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:Previous illness:

Measles.

Whooping Cough.

Age at Walking: 1 year 2 months.

Age at Talking: 2 years.

Place in Family: 3rd.

Physical Defects:General:

None.

Special:

Epicanthic Folds present.

Case No: 72Name: Albert Croft.Date of Birth: 10/4/14Address: 43, Upper Camroyd Street, Dewsbury.When Examined: 8/9/26Where Examined: School Clinic, Dewsbury.Present School: Victoria.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12 ⁵ /12 yrs.	11 yrs.	88%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Quiet
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	Singing

Temperamental Conditions:

Docility.

Home Conditions:

Satisfactory.

Family History:

Brother reported backward.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Bronchitis.

Age at Walking: 1 year 3 months.

Age at Talking: 1 year.

Place in Family: 2nd.

Physical Defects:General:

None.

Special:

Defective Vision.

Defective Teeth.

Case No: 73Name: Leonard Kilburn.Date of Birth: 8/3/15.Address: 41, Victoria Street, Ravensthorpe.When Examined: 12/2/27Where Examined: School Clinic, Dewsbury.Present School: Ravensthorpe C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ¹¹ /12 yrs.	9 ¹⁰ /12 yrs.	80%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Dull
Bearing:	Nervous & Apprehensive
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Irritability.
 Excitability.
 Solitariness.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
 Scarlet Fever

Age at Walking: 1 year.
 Age at Talking: 1 year.
 Place in Family: 1st.

Physical Defects:

General:
 None.

Special:
 Speech indistinct.

Case No: 74Name: John Wilkinson.Date of Birth: 10/3/20Address: 21, Bk. Barber Street, Dewsbury.When Examined: 28/3/27Where Examined: School Clinic, Dewsbury.Present School: Carlton Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 yrs.	5 ⁶ /12 yrs.	75%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
Fits.

Age at Walking: 10 months.

Age at Talking: 10 months.

Place in Family: 11th.

Physical Defects:

General:
None.

Special:
None.

Case No: 75

Name: Margaret Julia Robson.

Date of Birth: 26/5/15

Address: 4, Carlisle Street, Batley Carr,
Dewsbury.

When Examined: 21/5/27

Where Examined: School Clinic, Dewsbury.

Present School: Batley Carr Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12 yrs.	10 yrs.	83%
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Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Sullen. Dull.
Bearing:	Stubborn
Self Protection:	Normal
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Satisfactory.

Family History:

Father's sister unstable.

Personal History:

Previous Illnesses:
Injury from fall in infancy.
Fits.

Age at Walking:	1 year.
Age at Talking:	1 year.
Place in Family:	2nd.

Physical Defects:

General:
Malnutrition.

Special:
None.

Case No: 76Name: Caroline Talbot.Date of Birth: 10/3/16Address: Squirrel Hall Cottages, Staincliffe,
Dewsbury.When Examined: 27/4/27Where Examined: School Clinic, Dewsbury.Present School: Dewsbury Moor.Actual Age: Mental Age: Intelligence
Quotient:11¹/12 yrs. 10⁶/12 yrs. 94%Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Sullen. Dull.
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Spiteful.
Stealing.

Home Conditions:

Unsatisfactory.

Family History:

Step brother an imbecile.

Personal History:

Previous Illnesses:
Measles.

Age at Walking: 1 year 6 months.
Age at Talking: 1 year 6 months.
Place in Family: 1st.

Physical Defects:

General:
None.

Special:
None.

Case No: 77Name: Gladys May Raybould.Date of Birth: 10/3/17Address: 38, Bk. Lawson Street, Dewsbury.When Examined: 16/6/27Where Examined: School Clinic, Dewsbury.Present School: Eastborough Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ³ /12 yrs.	9 ⁶ /12 yrs.	93%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Abnormal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Spiteful.
Wandering

Home Conditions:

Indifferent.

Family History:

Mother and two Aunts have Tuberculosis.
Father's Mother feeble-minded. Father's Aunt insane.

Personal History:Previous Illnesses:

Whooping Cough.
Fits.
Pneumonia.

Age at Walking: 11 months.
Age at Talking: 2 years 6 months.
Place in Family: 2nd.

Physical Defects:General:

Malnutrition.

Special:

None.

Case No: 78

Name: Edith Sykes.

Date of Birth: 30/1/16

Address: 53, Bright Street, Springfield,
Dewsbury.

When Examined: 19/7/27

Where Examined: School Clinic, Dewsbury.

Present School: Carlton Road.

Actual Age: Mental Age: Intelligence
Quotient:

11¹/12 yrs. 9 yrs. 78%

Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Bronchitis.

Age at Walking: 11 months.

Age at Talking: 1 year.

Place in Family: 2nd.

Physical Defects:

General:

None.

Special:

Defective Hearing.

Enlarged Tonsils and Adenoids.

Defective Teeth.

Case No: 79Name: Mary Thornton.Date of Birth: 3/5/13Address: 9b, Dale Street, Dewsbury.When Examined: 27/7/27Where Examined: School Clinic, Dewsbury.Present School: St. Joseph's R.C.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

14 ² /12 yrs.	10 ⁶ /12 yrs.	71%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Housework

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
None.

Age at Walking:	1 year 6 months.
Age at Talking:	1 year 6 months.
Place in Family:	2nd.

Physical Defects:

General:
None.

Special:
Defective Vision.
Defective Hearing.
Defective Teeth.

Case No: 80Name: Virginia Scott.Date of Birth: 3/8/17Address: 40, Kilner's Buildings, Thornhill Lees,
Dewsbury.When Examined: 2/8/27Where Examined: School Clinic, Dewsbury.Present School: Thornhill Lees C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
10 yrs.	7 ⁶ /12 yrs.	75%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression);	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Mixed Marriage, Mother a Belgian.
Father Defective.

Personal History:Previous Illnesses:

Measles.
Whooping Cough.
Age at Walking: 1 year.
Age at Talking: 3 years.
Place in Family: 1st.

Physical Defects:General:

None.

Special:

Defective Vision.
Stammering.
Defective Teeth.

Case No: 81Name: Maud Smith.Date of Birth: 14/9/21Address: 31, Preston Street, Earlsheaton.When Examined: 4/8/27Where Examined: School Clinic, Dewsbury.Present School: Earlsheaton.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

5 ¹⁰ /12 yrs.	4 ⁶ /12 yrs.	77%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Mother's sister defective.

Personal History:

Previous Illnesses:

Measles.

Chickenpox.

Age at Walking: 1 year 4 months

Age at Talking: 2 years.

Place in Family: 2nd.

Physical Defects:General:

None.

Special:

Enlarged Tonsils and Adenoids.

Case No: 82Name: Dora Nicholson.Date of Birth: 14/10/20Address: 113, Sands Road, Earlsheaton, Dewsbury.When Examined: 5/8/27Where Examined: School Clinic, Dewsbury.Present School: Earlsheaton C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

6 ¹⁰ /12 yrs.	5 yrs.	73%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Step brother defective.

Personal History:

Previous Illnesses:
Measles.

Age at Walking: 1 year.
Age at Talking: 1 year.
Place in Family: 3rd.

Physical Defects:

General:
None.

Special:
None.

Case No: 83Name: Clenda West.Date of Birth: 4/10/15Address: 23, Lidgate Lane, Batley Carr, Dewsbury.When Examined: 12/8/27Where Examined: School Clinic, Dewsbury.Present School: Carlton Road.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ¹⁰ /12 yrs.	9 yrs.	76%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Housework

Temperamental Conditions:

Aggressiveness.

Home Conditions:

Unsatisfactory.

Family History:

Four sisters have died of fits.

Personal History:Previous Illnesses:

Measles.

Whooping Cough.

Age at Walking: 1 year.

Age at Talking: 1 year.

Place in Family: 3rd.

Physical Defects:General:

None.

Special:

Defective Vision.

Enlarged Tonsils and Adenoids.

Defective Teeth.

Case No: 84Name: Elsie Larter.Date of Birth: 30/9/13Address: 2, Dale Street, Thornhill Lees,
Dewsbury.When Examined: 13/8/27Where Examined: School Clinic, Dewsbury.Present School: Thornhill Lees C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

13 ¹¹ /12 yrs.	10 yrs.	71%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Dull
Bearing:	Slow
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Cooking

Temperamental Conditions:

Docility.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.
Whooping Cough.
Chickenpox.

Age at Walking: 1 year 10 months.

Age at Talking: 1 year 6 months.

Place in Family: 2nd.

Physical Defects:General:

None.

Special:

Defective Vision.

Stammering.

Defective Teeth.

Case No: 85

Name: Wilfred Roberts.

Date of Birth: 6/2/16

Address: 44, Thornhill Road, Dewsbury.

When Examined: 16/8/27

Where Examined: School Clinic, Dewsbury.

Present School: Parish C. E.

Actual Age: Mental Age: Intelligence
Quotient:

11⁶/12 yrs. 8⁶/12 yrs. 70%

Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression);	Dull
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Age at Walking: 1 year 6 months.

Age at Talking: 1 year 6 months.

Place in Family: 2nd.

Physical Defects:

General:

None.

Special:

Defective Vision.

Enlarged Tonsils and Adenoids.

Speech Indistinct.

Case No: 86Name: Harold Smith.Date of Birth: 24/8/20Address: 9, Jagger's Yard, Hanging Heaton, Batley.When Examined: 18/8/27Where Examined: School Clinic, Dewsbury.Present School: St. Joseph's R.C.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 yrs.

5 yrs.

70%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Dull
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Docility.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
Measles.

Age at Walking: 1 year 2 months.

Age at Talking: 3 years 6 months.

Place in Family: 1st.

Physical Defects:General:

Chronic Bronchitis.

Special:

Enlarged Tonsils and Adenoids.

Defective articulation.

Case No: 87Name: Elizabeth Goodall.Date of Birth: 28/3/15Address: 2, Blenheim Place, Dewsbury.When Examined: 23/8/27Where Examined: School Clinic, Dewsbury.Present School: Boothroyd Lane Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12 ⁵ /12 yrs.	9 yrs.	70%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	Needlework

Temperamental Conditions:

Bad temper.

Home Conditions:

Indifferent.

Family History:

Father Epileptic.

Personal History:Previous Illnesses:

Measles.
Whooping Cough.
Chickenpox.
Influenza.
Fits.
Mumps.

Age at Walking: 1 year 3 months.

Age at Talking: 1 year.

Place in Family: 4th.

Physical Defects:General:

None.

Special:

Enlarged Tonsils.
Defective Teeth.

Case No: 88Name: Mollie Coyle.Date of Birth: 12/9/16Address: 6, Beckett Walk, Dewsbury.When Examined: 29/8/27Where Examined: School Clinic, Dewsbury.Present School: St. Paulinus' R.C.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10¹¹/12 yrs. 8 yrs.

73%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Tearful
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Mother and Grandmother died of heart disease.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Mumps.

Age at Walking: 1 year.

Age at Talking: 2 years.

Place in Family: 1st.

Physical Defects:

General:

Anaemia.

Nervous Instability.

Special:

None.

Case No: 89Name: Annie Warden.Date of Birth: 15/3/20Address: 214, The Nook, Earlsheaton.When Examined: 30/8/27Where Examined: School Clinic, Dewsbury.Present School: Earlsheaton C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ⁵ /12 yrs.	6 ⁶ /12 yrs.	87%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Docility.

Home Conditions:

Indifferent.

Family History:

Father dull.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Chickenpox.

Age at Walking: 1 year.

Age at Talking: 10 months.

Place in Family: 2nd.

Physical Defects:

General;

Malnutrition.

Anaemia.

Special:

Enlarged Tonsils.

Defective Teeth.

Case No: 90Name: Leslie Slater.Date of Birth: 14/12/17Address: 49, Clarkson Street, Ravensthorpe.When Examined: 30/8/27Where Examined: School Clinic, Dewsbury.Present School: Ravensthorpe C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

9⁹/12 yrs.

8 yrs.

82%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Brother has Tuberculosis.

Personal History:Previous Illnesses:

Measles.

Mumps.

Age at Walking: 1 year 1 month.

Age at Talking: 1 year 6 months.

Place in Family: 5th.

Physical Defects:General:

Anaemia.

Special:

Defective Vision.

Adenoids.

Case No: 91Name: James A. Wood.Date of Birth: 31/12/16Address: 60, Clarkson Street, Ravensthorpe.When Examined: 30/8/27Where Examined: School Clinic, Dewsbury.Present School: Ravensthorpe C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ⁸ /12 yrs.	9 yrs.	84%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
Measles.

Age at Walking: 1 year 6 months.
Age at Talking: 1 year 6 months.
Place in Family: 1st.

Physical Defects:

General:
None.

Special:
None.

Case No: 92

Name: George Henry Goodwill.

Date of Birth: 23/5/19

Address: 15, Charlesworth Street, Thornhill Lees,
Dewsbury.

When Examined: 2/9/27

Where Examined: School Clinic, Dewsbury.

Present School: Thornhill Lees C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 ³ /12 yrs.	6 ⁶ /12 yrs.	78%
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Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Unsatisfactory.

Family History:

Sister Backward. Father unstable.
Mother Backward.

Personal History:

Previous Illnesses:

Measles.

Chickenpox.

Age at Walking: 3 years.

Age at Talking: 2 years.

Place in Family: 1st.

Physical Defects:

General:

Malnutrition.

Nervous instability.

Special:

Defective Hearing.

Adenoids.

Defective articulation.

Case No: 93Name: Leonard Field.Date of Birth: 23/5/16Address: 12, Beckett Terrace, Dewsbury.When Examined: 2/9/27Where Examined: School Clinic, Dewsbury.Present School: St. John's C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ³ /12 yrs.	10 yrs.	88%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Unsatisfactory.

Family History:

Illegitimate.

Personal History:

Previous Illness:
None.

Age at Walking:	1 year 6 months.
Age at Talking:	1 year 6 months.
Place in Family:	1st.

Physical Defects:

General:
None.

Special:
Enlarged Tonsils & Adenoids.

Case No: 94Name: Cecil Littlewood.Date of Birth: 26/7/19Address: 6, South View, Dewsbury.When Examined: 12/9/27Where Examined: School Clinic, Dewsbury.Present School: Savile Town C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 ¹ /12 yrs.	7 ⁴ /12 yrs.	90%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Elder brother and mother backward.

Personal History:Previous Illnesses:

Measles.

Scarlet Fever.

Age at Walking: 1 year 3 months.

Age at Talking: 1 year 3 months.

Place in Family: 1st.

Physical Defects:General:

Malnutrition.

Special:

Defective Hearing.

Adenoids.

Speech indistinct.

Case No: 95Name: Joseph Barber.Date of Birth: 29/9/19Address: 119, High Street, Dewsbury.When Examined: 3/10/27Where Examined: School Clinic, Dewsbury.Present School: St. Paulinus' R.C.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

8 yrs.

6 yrs.

75%

Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression): Adenoid facies

Bearing: Normal

Self Protection: Over developed

Playmates: Own age

Special Aptitudes: None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:Previous Illness:

Measles.

Age at Walking: 1 year.

Age at Talking: 1 year.

Place in Family: 1st.

Physical Defects:General:

Chronic Bronchitis.

Special:

Defective Hearing.

Enlarged Tonsils and Adenoids.

Case No: 96Name: Leonard Hawkins.Date of Birth: 13/1/15Address: 24, Westgate, Dewsbury.When Examined: 18/11/27Where Examined: School Clinic, Dewsbury.Present School: Victoria.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12 ¹⁰ /12 yrs.	11 ² /12 yrs.	87%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:
Measles.

Age at Walking: 1 year 2 months.

Age at Talking: 1 year.

Place in Family: 1st.

Physical Defects:

General:
None.

Special:
Defective Vision.

Case No: 97Name: William GardinerDate of Birth: 8/11/15Address: 57, Lawson Street, Dewsbury.When Examined: 25/11/27Where Examined: School Clinic, Dewsbury.Present School: Eastboro' Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12 yrs.	9 yrs.	75%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Drawing

Temperamental Conditions:

Sullenness.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Injury from fall in infancy.

Age at Walking: 1 year 2 months.

Age at Talking: 1 year 2 months.

Place in Family: 3rd.

Physical Defects:General:

None.

Special:

None.

Case No: 98Name: Evie Robinson.Date of Birth: 5/7/16Address: 16, Roger Street, Dewsbury.When Examined: 1/12/27Where Examined: School Clinic, Dewsbury.Present School: Carlton Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

11 ⁵ /12 yrs.	8 ⁶ /12 yrs.	74%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Measles.

Chickenpox.

Pneumonia.

Age at Walking: 2 years.

Age at Talking: 1 year.

Place in Family: 3rd.

Physical Defects:General:

None.

Special:

None.

Case No: 99Name: Tom Margrave.Date of Birth: 5/9/17Address: 186, Old Bank Road, Dewsbury.When Examined: 2/12/27Where Examined: School Clinic, Dewsbury.Present School: Earlsheaton C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ³ /12 yrs.	9 ³ /12 yrs.	90%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Abnormal
Self Protection:	Normal
Playmates:	Own Age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Indifferent.

Family History:

Neurasthenia on Mother's side.

Personal History:

Previous Illnesses:
Scarlet Fever.

Age at Walking: 1 year.

Age at Talking: 1 year.

Place in Family: 1st.

Physical Defects:General:

None.

Special:

Defective Vision.

Enlarged Tonsils and Adenoids.

Speech indistinct.

Case No: 100Name: Herbert Priestley Lodge.Date of Birth: 21/6/17Address: Newbould House, Wakefield Road, Dewsbury.When Examined: 3/12/27Where Examined: School Clinic, Dewsbury.Present School: Earlsheaton C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ⁵ /12 yrs.	8 yrs.	77%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	Attending to animals.

Temperamental Conditions:

Acquisitiveness.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:Previous Illnesses:

Scarlet Fever.

Pneumonia.

Age at Walking: 1 year.

Age at Talking: 2 years.

Place in Family: 2nd.

Physical Defects:General:

None.

Special:

Defective Vision.

Case No: 101Name: Jessie Lorraine Crabtree.Date of Birth: 29/1/15Address: 16, Albion Street, Springfield, Dewsbury.When Examined: 30/3/28Where Examined: School Clinic, Dewsbury.Present School: Carlton Council.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

13 ² /12 yrs.	10 yrs.	76%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Indifferent.

Family History:

Elder sister backward.

Personal History:

Previous Illnesses:
 Measles.
 Mumps.

Age at Walking: 11 months.
 Age at Talking: 1 year 9 months.
 Place in Family: 5th.

Physical Defects:

General:
 Chronic Bronchitis.
 Anaemia.

Special:
 Defective Vision.
 Defective Hearing.
 Adenoids.
 Defective articulation.

Case No: 102Name: May Silkstone.Date of Birth: 24/3/15Address: 29, Ravens Crescent, Dewsbury.When Examined: 20/3/28Where Examined: School Clinic, Dewsbury.Present School: Westtown C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

13 yrs.	10 ³ /12 yrs.	80%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression): Dull. Sulky.

Bearing: Normal

Self Protection: Lacking

Playmates: Own age

Special Aptitudes: Housework

Temperamental Conditions:

Sullenness.

Home Conditions:

Indifferent.

Family History:

Father's brother defective.

Sister epileptic.

Personal History:Previous Illnesses:

Chickenpox.

Age at Walking: 1 year 2 months.

Age at Talking: 11 months.

Place in Family: 2nd.

Physical Defects:General:

None.

Special:

Defective Vision.

Case No: 103

Name: Leo Connor.

Date of Birth: 9/11/15

Address: 5, Cullingworth Street, Dewsbury.

When Examined: 27/3/28

Where Examined: School Clinic, Dewsbury.

Present School: St. Joseph's R.C.

Actual Age: Mental Age: Intelligence
Quotient:

12⁴/12 yrs. 10⁹/12 yrs. 87%

Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Aggressiveness.

Home Conditions:

Satisfactory.

Family History:

Maternal Grandmother defective.

Personal History:

Previous Illnesses:
None.

Age at Walking: 1 year.
Age at Talking: 1 year.
Place in Family: 4th.

Physical Defects:

General:
None.

Special:
Defective Vision.

Case No: 104Name: Albert Field.Date of Birth: 10/8/15Address: 11, Sackville Street, Ravensthorpe.When Examined: 22/3/28Where Examined: School Clinic, Dewsbury.Present School: Ravensthorpe C. E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12⁷/12 yrs.

10 yrs.

79%

Personal & Social Qualities:

Appearance (facial expression): Abnormal

Bearing: Normal

Self Protection: Normal

Playmates: Own age

Special Aptitudes: Drawing and Writing

Temperamental Conditions:

Bad temper.

Home Conditions:

Indifferent.

Family History:

Mother backward.

Personal History:Previous illnesses:

Measles.

Fits.

Bronchitis.

Age at Walking: 4 years.

Age at Talking: 3 years.

Place in Family: 2nd.

Physical Defects:General:

None.

Special:

Defective Vision.

Large misshapen ears.

Defective Teeth.

Case No: 105

Name: Ivy Newsome.

Date of Birth: 8/11/14.

Address: 264, Middle Road, Dewsbury.

When Examined: 22/3/28.

Where Examined: School Clinic, Dewsbury.

Present School: Home-making School.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
13 ⁴ /12 yrs.	9 ⁸ /12 yrs.	72%

Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	Handwork

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Satisfactory.

Family History:

Mother backward.

Personal History:

Previous Illnesses:

Measles.

Whooping Cough.

Mumps.

Age at Walking: 1 year 4 months.

Age at Talking: 2 years.

Place in Family: 1st.

Physical Defects:

General:

None.

Special:

Defective Vision.

Case No: 106

Name: Beatrice Marjory Micholson.

Date of Birth: 17/5/15

Address: 113, Sands Lane, Earlsheaton, Dewsbury.

When Examined: 22/3/28

Where Examined: School Clinic, Dewsbury.

Present School: Earlsheaton C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence Quotient:</u>
12 ¹⁰ /12 yrs.	9 ⁶ /12 yrs.	75%

Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Brother feeble-minded.

Personal History:

Previous Illnesses:

Whooping Cough.

Rickets.

Age at Walking: 2 years 6 months.

Age at Talking: 1 year 3 months.

Place in Family: 4th.

Physical Defects:

General:

None.

Special:

Defective Vision.

Case No: 107Name: Bernard Littlewood.Date of Birth: 25/4/14Address: 34, Senior Street, Dewsbury.When Examined: 23/3/28Where Examined: School Clinic, Dewsbury.Present School: Parish C. E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

13 ¹¹ /12 yrs.	10 ⁹ /12 yrs.	77%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Abnormal
Bearing:	Normal
Self Protection:	Normal
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Younger brothers dull.

Personal History:Previous Illnesses:

Measles.

Chickenpox.

Age at Walking: 1 year 6 months.

Age at Talking: 1 year 6 months.

Place in Family: 1st.

Physical Defects:General:

None.

Special:

Enlarged Tonsils.

Large ears.

Wide set eyes.

Case No: 108Name: Charles Whitehead.Date of Birth: 19/6/17Address: 27, Union Street, Ravensthorpe.When Examined: 23/3/28Where Examined: School Clinic, Dewsbury.Present School: Ravensthorpe C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ¹⁰ /12 yrs.	8 yrs.	74%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Lack of concentration
Self Protection:	Normal
Playmates:	None or own age
Special Aptitudes:	Handwork

Temperamental Conditions:

Spiteful.
Docility.
Solitariness.

Home Conditions:

Unsatisfactory.

Family History:

Mother's brother epileptic.
Father's father insane.

Personal History:Previous Illnesses:

Measles.
Chickenpox.
Influenza.
Fits.

Age at Walking: 11 months.

Age at Talking: 4 years.

Place in Family: 1st.

Physical Defects:General:

None.

Special:

Defective Vision.
Enlarged Tonsils.

Case No: 109Name: George Sutcliffe.Date of Birth: 11/12/15Address: 26, William Street, Ravensthorpe.When Examined: 17/4/28Where Examined: School Clinic, Dewsbury.Present School: Ravensthorpe C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

12 ⁴ /12 yrs.	9 ³ /12 yrs.	75%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.
Aggressiveness.
Excitability.

Home Conditions:

Indifferent.

Family History:

Father and eldest brother epileptic.

Personal History:Previous Illnesses:

Measles.
Whooping Cough.
Rickets.
Fits.

Age at Walking: 11 months.
Age at Talking: 1 year 2 months.
Place in Family: 4th.

Physical Defects:

General:
None.

Special:
Defective Vision.

Case No: 110Name: Ronald Clarkson.Date of Birth: 25/11/17Address: 10, High Street, Dewsbury.When Examined: 1/5/28.Where Examined: School Clinic, Dewsbury.Present School: Parish C.E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

10 ⁵ /12 yrs.	8 ⁶ /12 yrs.	82%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Unsatisfactory.

Family History:

Father epileptic.

Personal History:Previous Illnesses:

Measles.

Injury from fall in infancy.

Pneumonia.

Age at Walking: 1 year.

Age at Talking: 1 year.

Place in Family: 1st.

Physical Defects:General:

Malnutrition.

Special:

None.

Case No: 111

Name: Ronald North.

Date of Birth: 5/6/16

Address: 33, Kertland Street, Dewsbury.

When Examined: 1/5/28

Where Examined: School Clinic, Dewsbury.

Present School: Parish C. E.

Actual Age: Mental Age: Intelligence
Quotient:

$$11^{11}/12 \text{ yrs.} \quad 10^3/12 \text{ yrs.} \quad 86\%$$

Category: Dull and Backward.

Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Over developed
Playmates:	Own age
Special Aptitudes:	None

Temperamental Conditions:

Bad temper.

Home Conditions:

Satisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous Illnesses:

Measles.

Scarlet Fever.

Age at Walking: 1 year.

Age at Talking: 1 year.

Place in Family: 5th.

Physical Defects:

General:

None.

Special:

Defective Hearing.

Case No: 112Name: James Arthur Toseland.Date of Birth: 4/3/21.Address: 29, High Street, Dewsbury.When Examined: 11/6/28Where Examined: School Clinic, Dewsbury.Present School: Westtown C. E.

<u>Actual Age:</u>	<u>Mental Age:</u>	<u>Intelligence</u>
		<u>Quotient:</u>

7 ³ /12 yrs.	5 ⁶ /12 yrs.	75%
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Category: Dull and Backward.Personal & Social Qualities:

Appearance (facial expression):	Normal
Bearing:	Normal
Self Protection:	Lacking
Playmates:	Younger
Special Aptitudes:	None

Temperamental Conditions:

Nil abnormal.

Home Conditions:

Unsatisfactory.

Family History:

Nil abnormal elicited.

Personal History:

Previous illnesses:

Measles.

Whooping Cough.

Age at Walking: 1 year.

Age at Talking: 2 years.

Place in Family: 2nd.

Physical Defects:

General:

None.

Special:

Defective Hearing.

Nocturnal Enuresis.

Defective Teeth.

V.

DISCUSSION.

Six main sub-headings have been made use of in this discussion. In the order in which they come they are :-

1. Personal and Social Qualities.
2. Temperamental Conditions.
3. Home Conditions.
4. Family History.
5. Personal History.
6. Physical Defects.

Personal and Social Qualities.

Tredgold⁴ in discussing the question of appearance in children suffering from Amentia writes as follows: - "A small proportion of children suffering from mental defect would pass muster as normal if their diagnosis rested upon inspection only: but such cases are exceptional and the majority present unmistakable anomalies of bodily structure or function, as well as of mental development".

Binet and Simon⁵ write: "A physiognomy includes many other things (besides Stigmata), especially the expression - lively or sluggish, strong or weak, intelligent or lacking in intelligence; there is the fineness or coarseness of the features, the beauty or ugliness of the countenance, the ordinary or unusual appearance of the face. All this forms an ensemble which the eye does not analyse, but judges en bloc by instinct, without considering the elements separately and above all without being able to give

reasons for its judgment.....In the meantime we think that every examiner, as a matter of fact, allows himself to be influenced by the general appearance of the subject, and that the impression so formed is not entirely without value". Summing up with regard to physiognomy they say. "There does exist between the intellectual level of a subject and his physical development a real correlation, but, unfortunately it is slight.

Lapage⁶ dealing with appearance in feeble-minded children writes the following :- "At first sight they appear very little different from ordinary children. There is always a tendency to exaggerate the importance of definite types and definite deformities, and it is very necessary to appreciate fully the fact that the majority of feeble-minded children show no constant physical characteristics by which they may be recognised". In dealing with facial expression in feeble-minded children the same author⁷ writes. "About 60% of my cases showed definite defects of expression....It is important to note however, that not all cases show this defective expression, some of the very worst cases of feeble-mindedness being really beautiful children both in face and form".

From a perusal of Tables II A, II B, and II C, it would appear that in appearance (facial expression) 38 of the 112 children (33.9%) appeared abnormal. Of these 18 were feeble-minded and the remaining 20 were dull and backward. The percentage for the feeble-minded

cases was 45%. This figure is not so high as Lapage found in his cases (60%), but is nevertheless much higher than the figure for the dull and backward children, 27.8% of whom appeared abnormal.

⁴Tredgold writes: "The cranium is the most common site of defects and I believe it to be abnormal either in shape or size, asymmetrical, bossed, or ridged, in fully half of these children". He further writes: "Between the ages of seven and ten or twelve years the maximum circumference is usually about half an inch less than that of a normal child of corresponding age and sex". Relying on inspection alone, as was the case with the 112 children examined, it would appear to be a somewhat difficult matter to say whether or not the maximum circumference of the cranium was within a half an inch of the normal.

While agreement is felt with the gist of the quotation from Binet and Simon,⁵ viz., that the general impression formed by inspection is not without value, the results do not agree with Tredgold's opinion.⁴ The opinion formed after the examination of these feeble-minded children was that general appearance and facial expression was no guide to the mental condition in the majority of cases.

With regard to dull and backward children the appearance and facial expression deviated from the normal in a considerable number of cases, but not nearly so frequently as in the feeble-minded group. This appears to be just as one would expect.

From an examination of table III A, it is seen that nearly 20% of the mentally abnormal group as a whole deviated from the normal with regard to general bearing. When the feeble-minded and the dull and backward groups are considered separately (Tables III B. and III C.) it is seen that the figure for the former (27.5%) is considerably in excess of the figure for the latter (15.3%). This finding, again, appears to be what one might expect, and does not seem to call for any further comment.

With regard to self care and self⁸ protection Marr states that: "In childhood there is a natural disposition, if the subjects are capable of exercising it, to self protection". In other words it is of rare occurrence to find a bright and intelligent child who cannot take care of himself or herself among children of equal age. This does not appear to be so with the mentally abnormal child. From an examination of Tables IV A, IV B and IV C, it would appear that whilst a considerable proportion (45.5%) do not appear to diverge from the normal, the remainder diverge in one of two ways. Either they are lacking in the qualities of self care and protection, (Feeble-minded 40%, Dull and Backward 36.1%) or the qualities in question become overdeveloped (Feeble-minded 15%, Dull and Backward 18.1%). In the latter connection a further statement by Marr⁹ is of interest: "Healthy children

soon recognise mental weakness in their school companions, and subject them to ill-treatment, which causes them to become irritable, bad-tempered, and mischievous". A natural result of the treatment which these mentally abnormal children get from their fellows of like age is that they, in many cases, are found to prefer playmates younger than themselves. Sometimes it is found that solitariness develops, but this is generally when there are no playmates of less age for the child in question to play with. In many cases it is found that mentally abnormal children are happiest when playing with tiny tots, an occupation for which a normal boy, at least, of school age, has, as a rule, little use. From a perusal of tables V A, V B, and V C. it will be seen that the condition is a relatively common one; 35.0% being the figure for feeble-minded children and 36.1% being the figure for dull and backward children. One would expect that dull and backward children would occupy a position between that of the feeble-minded children and normal children in a condition such as this, but apparently the condition, as far as evidence from the cases in question goes, is as common in dull and backward children as in the feeble-minded. If this be so, the determination of this point in a case history as an aid to placing an abnormal child in his or her appropriate category would appear to be valueless.

Table VI sets out in detail the special aptitudes noted during the individual examinations. The two most important points to be drawn from the table would appear to be that, firstly, the great majority of special aptitudes have to do with handwork in some form, which finding agrees with those of Binet and Simon.^{10.} Indeed many authorities including Lapage^{11.} advise gardening or other handwork as the best occupation for feeble-minded children as they get older. The second point is that special aptitudes are relatively oftener found in dull and backward children. This again is just what one would be led to expect. In three cases fondness for animals was noted. These children appeared to "have a way" with animals.^{11.} Lapage mentions in his book having noticed that some of these children do seem to have a great liking for animals, which, he writes, seems often to be reciprocated by the animals.

In the case of two feeble-minded children memory was noted as a special aptitude. Authorities seem to differ greatly on this subject. Whilst Lapage writes^{12.} "Memory varies very much in the feeble-minded", Tredgold^{13.} has more to say on the subject. He writes "School teachers often complain of the lack of memory of these children, and if this faculty is to be judged by their inability to remember items of scholastic knowledge, there would certainly appear to be a decided deficiency.....In the tenacity

of their memory for things which are really understood, I have been unable to satisfy myself that feeble-minded are at all inferior to normal children, and many of them retain items of knowledge which have been demonstrated by concrete examples as in object lessons, remarkably well". He further writes :-
 "As a class, mentally defective children are imitators rather than originators. They may faithfully reproduce, but they rarely create". It will be noted that imitation was noted in one case.

Temperamental Conditions.

Table VII sets out in detail the temperamental conditions noted. It will be seen that by far the most common, in both feeble-minded and dull and backward children, is abnormally bad temper. In this connection the words of Marr⁹ quoted above are worthy of note. Lapage¹⁴ writes: "Most people are familiar with the type known as the "Village idiot", and anyone who has to deal with such persons will know how helpless they are, how often they form the butt of gibes and jests, how they can be goaded to fits of passionate and uncontrollable rage during which they may commit acts of violence, and finally how subservient they are to the will and suggestion of others". The general conclusion arrived at from the examination of these cases was that this condition of bad temper was generally the result of, firstly, the treatment that these cases received from their fellows of normal intelligence, and, secondly, the irritating knowledge,

of which many were quite conscious, of being mentally inferior to their fellows. It is felt that these two factors can explain such conditions as destructiveness, spitefulness, aggressiveness and sullenness, relatively small groups, but still worthy of note. Another method of reaction in these cases to the factors stated above would appear to be found in the large group solitariness. It would appear that these children, realising the unequal struggle, sensibly, from their point of view, avoid it whenever possible by shunning their fellows.

The only other large group is found under docility. This, again, would appear to be a sensible way out of the difficulty for the abnormal child. He has probably found that if he can remain docile and placid when irritated and tormented by his fellows, that this occupation soon tends to pall with them.

Home Conditions.

Tredgold^{4.} writes :- "In examining school children in both town and country, I have often been struck by the fact that the ill-washed, ill-clad, and ill-fed — in short, the victims of faulty environment — were not as a rule the mental defectives. In fact, such children were often alert and quick-witted beyond the average, although probably by no means keen on book-learning".

Ashby^{15.} has stated that he had observed no special tendency in the children of alcoholics or of women who suffer privation during pregnancy, or in

those children who live in unfavourable conditions subsequent to birth, to develop Amentia.

^{16.} Lankester believed that feeble-mindedness is not brought on by starvation and other such conditions: he thought it was probably due to easy conditions of life and the absence of the selection that obtains amongst more primitive men.

From Tables VIII A, VIII B, and VIII C. it will be seen that the cases did not seem to favour any type of home specially. There were not an overwhelming number of cases from unsatisfactory homes as one would have expected if such environment played a prominent part in affecting the mental conditions of childhood.

That environment can be important, however, is supported by a good deal of evidence. Dr. Potts,^{17.} while engaged in work for the Royal Commission on the Care and Control of the Feeble-minded at Stoke-on-Trent found several very backward children. He attributed their condition partly, at least, "to the mothers going out to work and leaving the children shut-up for many hours, ill supplied with food, and with no one to talk to or play with". Then MacDougal's^{18.} work with the evening primrose, where, by injecting material into the immature ovaries he was able to get seeds which produce plants which departed widely from type, Tower's^{19.} experiments with beetles, wherein he proved that by subjecting the animals to intense environmental change, he could get offspring which differed widely from the parents, go to prove the

importance of environment. If further instances are necessary to prove the importance of environment, Sumner's²⁰ work and that of Carrière²¹ may be quoted. Sumner²⁰ found that similar broods of young mice brought up, one in a warm temperature, and one in a cold temperature differed considerably. The tails, feet, and ears of the former group were longer than those of the latter, and further, that the young of these groups although brought up in a common room preserved the greater or lesser length of tail, foot, and ear, acquired by the parent - thus proving that influences primarily affecting the body can secondarily affect the germ-cells. Carrière²¹ in his work innoculated the soluble products of the tubercle bacilli into guinea pigs, and found that the number of litters were reduced and the number of the still born increased.

Beard²² comes to the conclusion that food, climate, toxins, disease, natural phenomena of all kinds, can affect the corresponding characters of any germ cell.

Again Constantin Paul²³ showed many years ago what bad effects on the offspring followed exposure of the parents to lead. He also showed, along with others, that epilepsy, idiocy, and imbecility very frequently occur in workers in lead. Lize²⁴ supplied very similar data regarding workers exposed to the fumes of mercury. Much more recently McCarrison²⁵ and many others have drawn attention to the injurious effects of lack of vitamins in the food of civilized

peoples, and further that one marked result of this is often an imperfect development of the nervous system.

²⁶ Mercier in evidence before the Royal Commission on the Care and Control of the Feeble-minded 1904 gave as his opinion that the organic defect of the brain which underlies feeble-mindedness may be often the result of external influences which during childhood affect the growth of the brain injuriously.

²⁷ Hope writes :- "The question of proper housing accommodation vitally affects the young child, and is one which is perhaps only less important than the necessity of suitable and sufficient nourishment".

It may be safely said that the environment is not a factor which can be left out of account, but nevertheless, it is felt that home conditions must present a very great degree of abnormality which must be sustained for a long period of time before they can affect the mentality of a child to any marked degree, and it is felt that under present conditions in this country the home conditions very seldom do so.

Family History.

The difficulties of becoming possessed of accurate family histories is well known. In examining cases of suspected mental abnormality it is the custom, when first questioning the parent on this matter, to be told emphatically that "there has never been anyone like this before". It is only on exceptional

occasions, in my experience, that evidence of bad family history is vouchsafed without a great deal of patient, and sometimes tiresome questioning. Thus, if one were merely to take the word of the parent in the first instance literally, one would find that the incidence of abnormal mental conditions in the family histories of these cases would be very small indeed. Further, even with such questioning as experience teaches one to devise, it is by no means probable that an examiner becomes acquainted with all the points of interest in every history taken. For this reason it is felt that Table IX is, if anything, an under-statement of the real condition of affairs.

Much of the evidence taken before the Royal Commission on the Care and Control of the Feeble-minded 1904 goes to prove the importance of family history in mental abnormality. Practically the only evidence of note against this view was that of Dr. Mercier²⁶ who held that the frequent transmission of feeble-mindedness by inheritance was not proved. For instance Allbutt²⁸ said :- "I regard feeble-mindedness (if not accidental) as always hereditary, or in other words it is a ratio of variation. I have never met with a case of manufactured feeble-mindedness apart from some accident at birth or afterwards.....I attach great weight to inheritance.....Feeble-minded persons are prolific: the thing can only be bred out". Also Bevan Lewis²⁹ said: "There is not the least doubt of it in my mind. I look upon feeble-mindedness as a germinal variation just as all "variations" are".

The Commissioners summing up said "That both on the grounds of fact and of theory there is the highest degree of probability that "feeble-mindedness" is usually spontaneous in origin - that is, not due to influences acting on the parent - and tends strongly to be inherited".

In a series of over 200 patients suffering from Amentia, Dr. Tredgold^{30.} found that 80% were the descendants of a pronounced Neuropathic Stock. Beach and Shuttleworth^{31.} found that insanity, epilepsy, and allied neuroses were well marked in the ancestors of 24% of the patients they examined. Shuttleworth and Potts^{32.} found that "hereditary mental weakness (insanity or imbecility) was recorded in 21.38% of cases, but in addition epileptic or neurotic inheritance showed a percentage of 20, making a total of 41.38% of cases which could be tabulated as having a neuropathic inheritance, a proportion which tends to increase with further knowledge, of the antecedents". Dr. Caldecott^{33.} of Earlswood Asylum found that over 70% of his cases had neuropathic antecedents. Lapage^{34.} found that a family history of insanity, epilepsy, or mental deficiency occurred in 48.4% of 1000 Manchester cases of feeble-minded children. Potts^{35.} ascertained the presence of neuropathic inheritance in 45.6% of children attending the Birmingham special schools and Ashby^{15.} when Medical Officer to the special schools at Manchester in evidence before the Royal Commission said "In at least 75% of the children with Amentia that I have examined there was a strong probability

that the amentia was hereditary and primary". In America a commission^{36.} appointed by the Legislature of Connecticut found neuropathic heredity to be the undoubted cause of amentia in 43% of cases.

Dr. Goddard,^{37.} of Vineland, as the result of careful personal inquiries found morbid heredity present in 65% of cases examined by him. In Germany Koch^{38.} found morbid heredity in 60% of his cases and Marr^{39.} found inherited defect present in 624 children under 16 years of age out of 752 examined, or in nearly 83% of cases.

Table IX sets out the defects found, in detail, in this series of cases, and it will be noted that neuropathic inheritance was noted in 46.4% of the children as a whole. The figure for the feeble-minded is 42.9% and that for the dull and backward 47.9%. It is evident, then, that neuropathic inheritance is a very important factor in the causation of mental abnormality. The figure for the dull and backward children is higher even than that for the feeble-minded in this series of cases, so that it would appear that this factor is equally important in the lesser degree of defect.

Much work has been done in the past on the effect of alcoholism on children, and the results are extremely variable. In this connection, Hunter^{40.} writes: "It is a great pity that among human beings the zeal of workers in this sphere has detracted so much from the value of their observations". The work

of Féré, Dareste, Bourneville and Sullivan go to prove the importance of the subject. Barr^{41.} found a family history of alcoholism in 4.4% of cases, Beach and Shuttleworth^{41.} in 16.4% of cases, Bourneville^{41.} in 62.0% of cases, Tredgold^{42.} in 46.5% of cases, and Lapage^{41.} in 9.02% of cases. On the other hand Elderton^{43.} writes: "Drink has practically no influence on the general health and intelligence of boys and girls and the little influence it has is in favour of the children of drinking parents; they are healthier and more intelligent".

In only one of the cases examined, a feeble-minded boy, was excessive parental alcoholism noted.

On the whole, with regard to inherited factors the conclusions of Lapage^{44.} seem very sound, viz .,

(1) "A family taint of mental deficiency, insanity, or epilepsy, constituting what is known as the Neuropathic Inheritance, is the underlying cause of primary amentia.

(2) Other factors, such as anti-conceptional parental alcoholism, and tuberculosis, may have some effect as accessory factors in the production of feeble-mindedness if they are present in conjunction with the Neuropathic Inheritance, but there is no conclusive evidence to show that this is the case, and acting by themselves, they probably cannot have much effect in the causation of the primary type of feeble-mindedness".

Personal History.

Table X sets forth in detail the incidence of certain of the infectious diseases in mentally abnormal children. Lapage⁴⁵ is of opinion that it is quite clear that such children exhibit a diminished physical resistance to infections of all kinds and a consequent diminished power of recovery from illnesses. It would appear from the tables that the incidence of measles is much commoner in both feeble-minded children and dull and backward children than in children of non-exceptional type - Feeble-minded 60.0%, Dull and Backward 61.1%, non-exceptional 40.4%. In this disease the greatest departure from the normal incidence is found. When Whooping Cough is considered, the incidence in the abnormal children of both groups is again above that of the non-exceptional, but in this case the difference is not nearly so marked. With Chickenpox the incidence in all groups approximates closely. Again with Scarlet fever and Diphtheria the same close approximation is noted between the abnormal group as a whole and the non-exceptional. With regard to Mumps and Influenza there appears to be a slightly increased incidence in the mentally abnormal group as a whole, the bulk of the increased incidence in the former disease falling on the Dull and Backward children, and in the latter disease on the Feeble-minded children. Pneumonia shows a slightly increased incidence in the group as a whole, and when the

feeble-minded children are considered alone the increased incidence is quite marked - viz., feeble-minded 15.0%, non-exceptional 8.4%.

The tables then appear to agree with Lapage's ⁴⁵ findings namely - that such children exhibit a diminished resistance to infectious diseases generally. It might be added that from these investigations the only disease which shows a markedly increased incidence is Measles.

Table XI sets forth the incidence of a differing group of conditions in the mentally abnormal. With regard to Rickets, Binet and Simon ⁴⁶ have drawn attention to the fact that, in addition to the nutritive disturbance, which is at the root of the disorder, there may be, according to some authors, an affection of the entire system, and especially of the nervous centres. It will be seen that in the group as a whole the figure for Rickets is 7.1% - in feeble-minded children 10.0% and in the dull and backward 5.6%. These figures appear to be somewhat greater than the figure of incidence in non-exceptional children, the figure for the latter being in the neighbourhood of 2%. It is interesting to note that in an investigation into the incidence of Rickets in ordinary school children in the North Riding of Yorkshire, Newsholme ⁴⁷ finds that 3.9% of boys and 1.7% of girls show some deformity due to past rickets. He concludes that such children are on the average poorer in physique and more backward in education than the average school child.

With regard to injuries and falls, an enquiry was made as to severe injuries and falls on the head. The figures arrived at appear to be very high, 11.6% in the group as a whole and slightly higher in the feeble-minded than in the dull and backward. The incidence of such conditions in 700 non-exceptional school children was found to be rather less than 1.0%, so that there does appear to be a definitely increased incidence. It should also be noted that parents of defective children are as a rule only too eager to attach importance to a trivial incident when questioned, and this may account, in part, for the high figure, whereas parents of non-exceptional children will probably underrate such falls or have forgotten all about them. It is of interest to note that Shuttleworth and Potts⁴⁸ in discussing the causation of feeble-mindedness, give traumatism as occurring in 8.25% of cases. In this connection Still⁴⁹ writes:- "Traumatism is probably invoked as an explanation of mental deficiency far more often than the facts would justify, but rare though they may be, cases do occur in which a blow upon the head results in mental defect". On the whole it is felt that whilst traumatism cannot be ignored it is not a very important factor in mental abnormality.

The aetiology of convulsions in infants is a difficult matter and agreement is felt with the opinion of Shuttleworth and Potts⁵⁰ on this matter, namely, that there is no clear distinction between

infantile convulsions and epilepsy. Tredgold^{51.} writes, "Convulsions in some form or other, but chiefly epileptic, are the most common complications of primary amentia". He finds that they occur in 11% of feeble-minded persons. Binet and Simon^{52.} state that epilepsy frequently co-exists with mental deficiency, but do not give any more definite information.

Shuttleworth and Potts^{53.} write that "Epilepsy occurs in many weak minded children, Dr. Sherlock estimating a percentage of over 28 among 500 defective children at Darenth, and Mr. J. E. Middlemiss gives 29 as the percentage in 200 cases examined by him at Leeds".

Out of 239 mentally deficient children examined by Still,^{54.} 101 had had convulsions or epileptic attacks at some time or other, mostly in infancy. Table XI shows that the figure for fits in the mentally abnormal group as a whole was 19.6% - in the feeble-minded group 25.0% and in the dull and backward group 16.7%. The figure for the feeble-minded group is thus seen to approximate closely to the figures got by Dr. Sherlock and Mr. Middlemiss, and to be much greater than that got by Tredgold, though not so great as that of Still. When it is remembered that the figure for non-exceptional children is 2.1% the percentage of 16.7 found in the dull and backward group appears very high. On the whole it would appear that the question of convulsions in the early years of life is very important. It may be that such convulsions have a very definite relationship to mental

retardation as well as to mental defect as generally understood. The figures arrived at in this table would seem to support such a view.

The questions of the ages of walking and talking have been considered together in Table XII. It would appear from these investigations that the average age at walking in the feeble-minded group was 2 years and 4 months, and in the dull and backward group 1 year and 6 months. With regard to talking, it would appear that the average age of commencement was 2 years and 6 months, and in the dull and backward group 1 year and 8 months. Now a normal child should begin to walk and talk between the ages of 9 and 15 months, and even wider limits of normality are met with in special circumstances. Nevertheless agreement is felt with Thatcher⁵⁵ who writes that "if there is no deafness, absence of reasoned speech at 2 years old should suggest the possibility of mental deficiency". Similarly, agreement is felt with Still⁵⁶ who writes: - "If a child is free from rickets and other physical disease, and makes no attempt to walk at the age of eighteen months, mental deficiency is at least probable". Lapage⁵⁷ examined 155 feeble-minded children and classified them as "good", "medium" and "bad". He then worked out the ages at walking and talking for each group. His table is reproduced below.

Classification of Case.	Average age Walking.	Average age Talking.
61 cases classed as "Good"	1.5 yrs.	1.8 yrs.
44 cases classed as "Medium"	1.8 yrs.	2.0 yrs.
50 cases classed as "Bad"	2.2 yrs.	3.5 yrs.

It is clear from this table that the greater the degree of mental deficiency the later the child will learn to walk and talk. Table XII seems to bear out Lapage's⁵⁷ finding, and these findings of delayed walking and talking would appear to be a valuable guide to the state of mental development in early childhood.

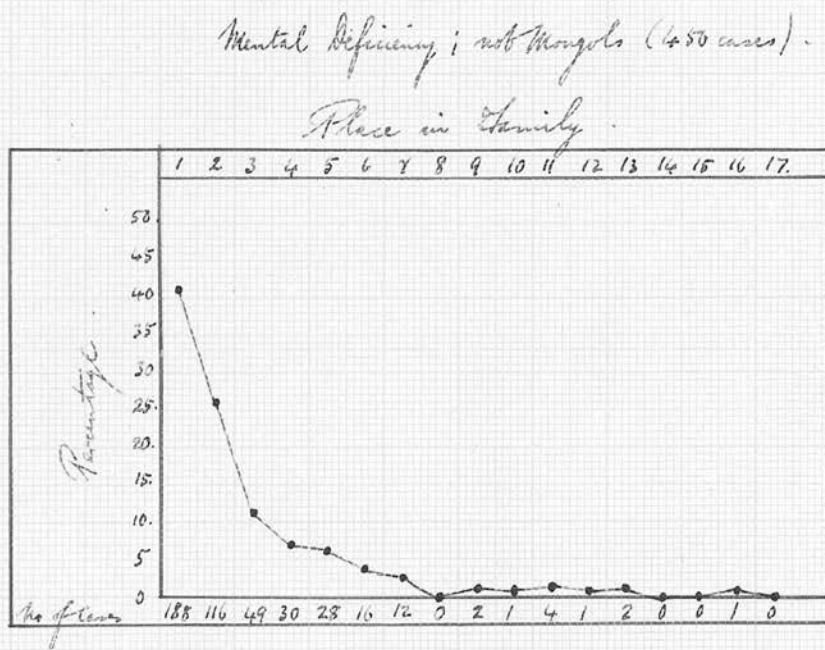
Table XIII A. shows in graphic form the place in the family occupied by these mentally abnormal children. In this figure as also in Tables XIII B. and XIII C. the standard curve for the incidence of disease generally is marked in red ink. From Table XIII A. it will be seen that in first borns the curve is much above the standard, the exact percentages being 38.3 as opposed to 18.5. Again with second borns the curve is once more above the standard, but not to such a marked degree, the exact percentages being 27.7 as opposed to 16.1. For third born children the curves approximate closely, and thereafter the curve for mental abnormality falls below the standard curve and never quite reaches it again. In considering Tables XIII B. and XIII C. separately it will be seen that XIII B. for (feeble-minded) shows an even greater disparity for first borns than Table XIII A. the percentages being 50.0 as against 18.5. The percentage for second borns is much as it is in Table XIII A. and thereafter the curve falls steeply, and at all other family positions is below the normal curve.

Table XIII C. sets out the condition of affairs in the dull and backward group. It will be

seen that in this case the figure for first borns, although not so great as in the previous two tables, is still well above the standard curve, the percentages being 31.9 as compared with 18.5. Once more the second borns are as in the previous tables, again above the standard. The figure for third borns closely approximates to the standard and thereafter the dull and backward curve remains below the standard.

^{58.}

Still has worked out the place in the family for 450 cases of Mental Deficiency, and his table is appended.



It will be seen by comparing the above curve with Table XIII A. that there is a very close resemblance. The general conclusion to be drawn seems to be that there is a markedly increased incidence of feeble-mindedness in the earlier born children in a family, most especially the first borns. Table XIII C. would tend to show that in addition to feeble-mindedness, mental retardation would appear to be commoner in the

earlier born children of a family, but not to such a marked extent as the former more serious condition.

Physical Defects.

"The assessment of nutrition is admittedly a difficult matter so many facts have to be taken into consideration, moreover each Medical Officer must necessarily have his own standard of what constitutes malnutrition". Whilst admitting the truth of these words of Sir George Newman,⁵⁷ it is felt that, by means of the simple technique elaborated and applied to both abnormal and non-exceptional children a definite estimate of the frequency of this condition could be made with considerable certainty. Table XIV sets forth the findings and it will be seen that the condition would appear to be nearly three times as common in the mentally abnormal group as a whole than in the non-exceptional. Further, in considering the feeble-minded and dull and backward groups separately, it is found that the divergence from the normal is somewhat greater in the former than in the latter. It is interesting to compare the findings of Beggs,^{60, 61} who has carried out two sets of investigations on mentally retarded children. His figures for the first investigation (272 cases) for the incidence of malnutrition are :-

Retarded 51.25% Routine 13.17%

From these figures it would appear that malnutrition was nearly four times as common in the mentally

retarded than in the normal. The Author in this investigation must obviously have had a different standard for malnutrition than that adopted in this thesis. His findings in the second series of cases done by him some years later (65 cases) approximate more to the findings of Table XIV. They are :-

Retarded 12.31% Routine 3.95%

It is obvious from these figures that he must have used a standard differing greatly from that used in his previous investigation, and more nearly identical to that used in the thesis.

It would appear that malnutrition was definitely more common in mentally abnormal children, in fact, Shuttleworth and Potts^{62.} go the length of saying that "Persistent defects of nutrition, in spite of good feeding, are symptomatic of defect of original constitution, and are not infrequently associated with mental deficiency". When the importance of malnutrition as a causal or predisposing factor to mental abnormality is considered, some diversity of opinion would appear to exist. Shuttleworth and Potts^{63.} are of opinion that "Mental feebleness is in some cases merely a consequence of feeble-health; with improved physical conditions the mental impairment may gradually disappear". In this connection an interesting and instructive investigation has been carried out by Blanton^{64.} into the effect of malnutrition on the nervous system. His conclusions are as follows :- "Children free from organic nervous

disease, and with parents of average intelligence, very rarely become feeble-minded through malnutrition, even of an extreme degree. One of the most important things shown in this whole study is how the nervous system of children of good nervous stock can resist malnutrition of an extreme degree extending over three years. But the feeble-minded, the border-line defectives, and those classed as dull...are affected, and often permanently so, by malnutrition of even a moderate severity.....The feeble-minded drop to lower levels of intelligence. The border-line defectives become like the definitely feeble-minded, and the normally dull children become like border-line defectives". Agreement is felt with the moderate opinion of Tredgold⁶⁵ "that malnutrition is one of the most important of the physical defects which may cause mental retardation, but that it seldom if ever is the direct cause of definite feeble-mindedness.

The incidence of Chronic Bronchitis is shown in Table XV. It would appear that in the mentally abnormal group the condition is about twice as common as in the non-exceptional. In the feeble-minded group alone it will be noted that the incidence is as high as 27.5% whereas in the Dull and Backward it is less than half that percentage. A point of note is that in the non-exceptional children in the areas the figure is very high, 8.4%. This is most probably due to a combination of factors of which the most important would appear to be smoke, absence of

sunshine and overcrowded dwellings. Beggs⁶¹ found Bronchitis to be about six times as common in mentally retarded children as in routine. Chronic Bronchitis is, after all, a moderately local disease, affecting one system, as compared with malnutrition, which is a more general malady, and in spite of its increased incidence in mentally abnormal children it is not regarded as one of the more important defects which are factors in retardation. Children soon seem to get accustomed to a chronic cough, and do not seem to mind it. Moreover, it does not seem to interfere unduly with their powers of attention.

Ireland⁶⁶ many years ago drew attention to the importance in his opinion of a proper blood supply to the brain, and was of opinion that mental torpor was often the result of a deficient blood supply. Anaemia is essentially a general disease, and it is well known that in severe forms of the disease marked changes are noted in all organs.

Waite⁶⁷ has found that school children in Queensland suffer from a considerable degree of mental sluggishness and retardation in consequence of the anaemia due to hookworm. Table XVI sets out the findings for anaemia in this series of cases, the figure for the abnormal group as a whole being 6.3%, that for the feeble-minded 2.5%, and that for the dull and backward 8.3%. The figure for non-exceptional children was 3.6%. These findings are similar to a marked extent with those of Beggs⁶¹ whose figures

are given as follows :-

Retarded (65 cases) 7.69%. Routine cases 4.56%. It would appear from Table XVI that anaemia was not unduly common in feeble-minded children, and is probably not often a factor in the causation of amentia. Further, it would appear that the condition was much commoner in the dull and backward group than in the non-exceptional, and it would appear that the condition may not infrequently be a causal factor in mental retardation, an inference which is in accord with Waite's⁶⁷ findings.

Table XVII sets forth the incidence of nervous instability. This condition is thought to be of the nature of a pre-choreic state. Although only occurring in two of the dull and backward children it was considered worth recording as the condition is so rarely met with in non-exceptional children, the rate of incidence in the latter being 0.2%. Ireland and Tredgold⁶⁸ have drawn attention to the fact that definite chorea is often accompanied by a change in disposition and considerable mental dullness, and it is felt, that, occasionally, this condition of nervous instability may play a similar though perhaps less definite part.

Turning to a consideration of defective vision Bishop Harman⁷⁰ writes :- "It is a matter of common observation that an ordinary remedial error of refraction will, when it is neglected, change the whole character of a child, the short-sighted boy becomes a smug, a book-reading recluse just because the pleasure of games has gone from him with his inability to see,

but the pleasure of reading and the inevitable self-communion remain and are fostered. The advantage of perfect sight is acknowledge: the grievous handicap of loss of sight obvious. It follows that every sort of defect of vision presents a disadvantage and handicap; according to the degree of that defect so will be the handicap". Lapage⁴¹ writes :- "Backwardness may be due to marked degrees of defective sight, in which case the child will soon improve with treatment;.....Defective eyesight may.....enhance the original dullness of a feeble-minded child, so that allowance should always be made for it, if it is present". From the above quotations it would appear that the two observers admit the importance of defective vision in their own way. Table XVIII would tend to support this conclusion, as it would appear from a perusal of this table, that defective vision is at least three times as common in both feeble-minded and dull and backward children, as in the non-exceptional. Beggs^{60, 61} findings in this condition are again comparable to the findings in Table XVIII. The findings in his two series of investigations are given below :

Retarded 1st Series (272 cases) 66.25%.
 Routine 1st Series 16.17%.

Retarded 2nd Series (65 cases) 40.0%.
 Routine 2nd Series 12.76%.

It will be seen from the above figures that in his first series of cases he found visual defects present about four times as frequently in retarded children as in routine, and in the second series about three

times as frequently. Tredgold^{42.} is of opinion that visual defects occur in about 15% of feeble-minded children but this figure is felt to be too small. It is felt that visual defects may frequently be a causal factor in mental retardation, and as Lapage^{41.} writes, an enhancing factor the original dullness of a feeble-minded child.

Considering now defects of hearing it is interesting to note that Ireland^{43.} is of opinion that in a child of ordinary capacity, deafness is a much greater obstacle to instruction than blindness. Tredgold^{42.} found defects of hearing present in about 8% of feeble-minded children, and Beggs^{60, 61.} found defects of hearing to be four times as common in retarded children as in routine children in his first series of cases, and five times as common in his second series. Table XIX sets forth the findings in the 112 cases examined, and it is at once seen, that defects of this special sense are extremely common in both the feeble-minded and the dull and backward, when compared with the normal. These findings would tend to the inference that defects of this special sense may have a very similar effect on mental capacity to those of defective vision as stated above.

Table XX sets forth in detail the defects of the nose and throat found in the series of cases. It will be seen from the table that defects of the nose and throat are nearly four times as common in feeble-minded children as in non-exceptional children, and quite three times as common in dull and backward

children as in the non-exceptional. Beggs^{60,61.} found such defects to be about 20% more common in retarded children than in routine children. Much controversy has waged as to the importance of these defects, more especially adenoids, in the causation of mental dullness. Binet and Simon^{74.} write :-

"One would like to find in these vegetations the cause of the habitual torpor of the children, and of their want of progress. It is true that there is a connection between mental backwardness and adenoids. The removal of the swellings by a surgical operation will make more free the respiration, whose obstruction prevented sustained attention, and will also frequently cure the deafness, which was due to an obstruction of the Eustachian tubes. The operation may therefore result in a marked amelioration of the mental condition as well as of the general health".

Shuttleworth and Potts^{75.} write that they have repeatedly seen considerable benefit to mental activity from the clearing away of post-nasal adenoid vegetations in feeble-minded children, and Ireland^{68.} writes "Assuredly there are causes which produce extreme dullness in children without deep-seated disease of the nervous centres", and cites Adenoids as one such cause. The findings in Table XX would appear to support the conclusion that defects of the nose and throat may frequently be contributory factors in the causation of mental dullness or the enhancement of the original dullness found in the feeble-minded.

The frequency of defective speech in mentally abnormal children has been frequently noted. Thus Binet and Simon^{46.} state that it occurs three times in nine defectives. Tredgold^{72.} states that as well as being late in making its appearance, speech is defective in fully one third of feeble-minded children. Lapage^{44.} writes :- "Defective pronunciation of one or more consonants, excluding Th, is found in 32% of feeble-minded children". Ashby and Dendy,^{48.} after examining some five hundred dull or mentally feeble-minded children, found that 19% had well marked speech defects, and a further 7.8% showed minor ones. Beggs^{60, 61.} found speech defects to be about fifteen times as common among retarded children as among those examined at routine medical inspection. Table XXI shows speech to be defective in 37.5% of feeble-minded children, and in 29.2% of the dull and backward group. The figure for non-exceptional children was found to be 3.2%. In this connection it is interesting to note that Thatcher^{79.} writes :- "McLeod tested the articulation of 10,000 children attending ordinary schools in districts of the poorest and lower middle class. He found that 2.94% had some impairment of their speech. It will be seen from Table XXI that stammering is not relatively very common in feeble-minded and dull and backward children. Lapage^{80.} found it to occur in only 2.4% of the feeble-minded children examined by him and Ashby and Dendy^{78.} report that acquired stuttering

is seldom heard in such children. To sum up complete agreement is felt with the opinion of Thatcher^{49.} who writes further :- "Among backward or mentally deficient children speech defects are extremely common, and increasingly so towards the lower forms of Amentia".

With regard to the incidence of defective teeth in mentally abnormal children Table XXII sets out the findings. Very defective teeth would appear to be quite as common in non-exceptional children as in either feeble-minded or dull and backward. With regard to retarded children Beggs^{61.} reports that the condition of the teeth in them is on the whole rather better than in children examined at routine inspections. It would appear that defective teeth were not an important factor in the causation of feeble-mindedness or mental retardation.

Table XXIII sets forth the incidence of nocturnal enuresis in mentally abnormal children. It will be at once seen that the condition is very common in this series of cases when compared with the non-exceptional and as one would naturally think, much more common in the feeble-minded group than in the dull and backward. Cameron^{81.} reports that enuresis is often evidence that the child's home environment has been at fault, and that his mental and moral development has been retarded, and the findings in Table XXII would appear to support to some extent his statement. He is of opinion that bed-wetting in

children is caused by faults of management which have deprived such children of all confidence in their own powers of control, an opinion shared by Hill.⁸² In the case of mentally abnormal children having as they needs must a certain degree of defective mentality it would be reasonable to assume that they would suffer more from faults of management than normal children, and would be easier deprived of their powers of control than normal children, and it would further appear to be reasonable to assume that the more the child departed from the normal, the more often he would suffer. The figures for feeble-minded, dull and backward, and non-exceptional children when compared would appear to support this statement.

Table XXIV sets forth the findings in this series of cases with regard to the incidence of some of the more gross stigmata of degeneration.

Marr⁸³ writes of the feeble-minded :- "More frequently than in any other of the mentally affected classes are those anatomical or physiological deviations from the normal known as "Stigmata of degeneration" met with. In themselves these stigmata are of little importance as regards the vitality of the organism, but are characteristic of a marked or latent neuropathic disposition.....The mental stigmata.....must be borne in mind.....such as the variety of phobias, fears of shut places, of fire, animals, etc., that are as important in arriving at a diagnosis as a markedly defective palate". It will be seen from Table XXIV that taken collectively the stigmata noted are most

frequently noted in the feeble-minded group, next in the dull and backward, and least frequently in the non-exceptional. This finding would appear to support the statement that stigmata are characteristic of a neuropathic inheritance. Lapage^{84.} writes "that the presence or absence of stigmata do not give any indication of the degree of mental defect. They are, however, more marked, more numerous, and more often found in feeble-minded than in ordinary children". With regard to epicanthus the same writer^{85.} reports that it is not a very common defect. He found it in 8.79% of his cases, and compares the finding with 1.37% the figure for ordinary school children examined by Dr. Warner. It will be seen from Table XXIV that the figures for epicanthus in this series of cases are very comparable to Lapage's^{85.} findings, Feeble-minded 7.5%, non-exceptional 1.1%. The figure for the non-exceptional was arrived at from the inspection of 3,000 school children in the Dewsbury area. The dull and backward children again occupied an intermediate position, the figure for them being 1.4%. With regard to defective ears Lapage^{84.} notes the condition present in 32% of his cases, but he has included in the finding minor lobular defects which are not included in Table XXIV. He writes :-

"It is not very uncommon to find the right ear different from the left, some children having a perfectly formed ear on one side and a defective one on the other". With regard to this statement, it is a well known fact that some infants prefer to

sleep on one particular side during the first months of their life. They frequently sleep with one ear doubled forward under the head. This does cause the ear in question to stick out more than the one on the other side, and it also tends to make it larger from the repeated traumata which it receives from the head resting upon it. Whether such ears return to the normal in after years is not known, but it would seem feasible that this simple cause may account for some of the minor differences in the ears of children so frequently noted. On the whole question of Stigmata agreement is felt with the findings of Binet and Simon⁸⁶ who write :- "It would be unreasonable to attribute to them (Stigmata) an individual value, and to utilize them for arranging children serially in the order of their mental deficiency; but in the work of synthesis they are decidedly significant, since their study leads one to consider them either as the effects of, and therefore as witnesses to, alterations in the nervous system, or as the consequences of causes sufficiently powerful to have modified that system".

The main conclusions which have evolved from the foregoing discussion have been grouped together in the Summary which follows.

S U M M A R Y.

1. There is a preponderance of physical defects in mentally abnormal children as compared with average children.
2. Such defects may account to a marked extent for mental retardation, enhancing the original dullness in feeble-minded children, and being sufficient to cause a condition of dull and backwardness.
3. The conditions most likely to cause retardation would appear to be malnutrition, defective vision, defective hearing, and defects of the nose and throat.
4. The earlier born children in a family are more likely to be feeble-minded than the later born members, the incidence of feeble-mindedness being greatest among first born children.
5. Dull and backwardness is commoner in the earlier born members of a family, being commonest in first born children.
6. The commencement of walking and talking are generally delayed until the third year of life in feeble-minded children, and until the latter part of the second year of life in dull and backward children.

SUMMARY (Cont'd.).

7. A history of fits is present in 25.0% of feeble-minded children and in 16.7% of dull and backward children.
8. Mentally abnormal children exhibit a diminished resistance to infectious diseases generally, and especially to Measles.
9. A neuropathic inheritance is present in 42.9% of feeble-minded children and in 47.9% of dull and backward children.
10. Environment seldom varies sufficiently much to affect the mentality of children to a marked extent.
11. The commonest abnormal temperamental condition noted in both the groups of mentally abnormal children examined was excessive bad temper.
12. 45.0% of feeble-minded children and 27.8% of dull and backward children appear abnormal on inspection.
13. In 40% of feeble-minded children and in 36.1% of dull and backward children the qualities of self-protection amongst children of equal age are lacking.
14. Special aptitudes in mentally abnormal children are seldom found, and when discovered they generally take the form of some manual work.

VII.

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